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**SUPPORTING DOCUMENTATION FOR TOXIC
CHEMICAL RELEASES REPORT FORM R
CALENDAR YEAR 1990 JUNE 1991**

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REPORT**

SUPPORTING DOCUMENTATION FOR TOXIC CHEMICAL RELEASES

REPORT FORM R

CALENDAR YEAR 1990

UNITED STATES

DEPARTMENT OF ENERGY

FEED MATERIALS PRODUCTION CENTER (FMPC)

FERNALD, OHIO

SECTION 313, TITLE III of the Superfund Amendments and
Reauthorization Act (SARA) of 1986

JUNE 1991

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I. INTRODUCTION

Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 requires owners and operators of certain facilities that manufacture, process, or otherwise use a listed chemical to report annually their releases of such chemicals to the environment. The reports are to be sent to both U.S. EPA and the state in which the facility is located. In addition, it requires suppliers of toxic chemicals to notify recipients of such chemicals in mixtures and trade name products.

Each reporting facility will maintain certain supporting material and documentation used in developing the report for three years from the submission of the report under 40 CFR Part 372.10 published in 53 Federal Register 4525 (February 16, 1988). These records are not submitted to U.S. EPA or the state. They are retained at the facility for which the report is submitted and must be readily available for purposes of inspection.

The purpose of this document is to meet the record keeping requirements of 40 CFR Part 372.10.

A Form R has been prepared for the following toxic chemicals which exceeded the threshold reporting limits:

1. Hydrochloric acid
2. Methanol
3. Nitric acid
4. Sulfuric acid

Estimated releases were determined with EPA calculation methods.

Ammonia, which was reported for calendar year 1989, does not appear on the 1990 list because it failed to meet the threshold reporting limit of 10,000 pounds.

II. FEED MATERIALS PRODUCTION CENTER (FMPC) DESCRIPTION

The Feed Materials Production Center (FMPC) is owned and operated by the United States Department of Energy (U.S. DOE). The FMPC program is administered by the Environmental Restoration and Waste Management office.

The FMPC is located on a federal reservation in Hamilton and Butler counties, on a 1050 acre tract of land approximately 20 miles northwest of downtown Cincinnati, Ohio. This land is about midway between Ross and Fernald, Ohio at north latitude 39 degrees and 18 minutes, and west longitude 84 degrees and 41 minutes.

The mailing address is:

United States Department of Energy
Fernald Site Office
P.O. Box 398704
Cincinnati, Ohio 45239-8704
Phone: (513) 738-6200

Prior to the cessation of operations in July 1989, the principal product of the FMPC was uranium metal in various physical forms having several standard isotopic assays and a controlled purity.

The primary mission of the FMPC has now changed from uranium production to site restoration. Consequently, there has been a significant reduction in chemical usage at the FMPC.

Hydrochloric acid was used to decontaminate equipment and materials at the Decontamination and Decommissioning(D&D) Facility. It is also coincidentally produced as a result of coal combustion at the Boiler Plant.

Methanol was used as a carbon source for the denitrifying bacteria in the Bionitrification(BDN) Facility.

Nitric acid was used in Plant 2/3 to decontaminate equipment and materials.

Nitric acid was also used in Plant 6 for pH adjustment of waste streams in order to facilitate the removal of uranium, oil, and grease.

Sulfuric acid was used to neutralize streams containing caustic components or a high pH. It was used at the BDN Facility, the General Sump, and the Water Treatment Facility.

III. DEFINITIONS

Manufacture

"Manufacture" means to produce, prepare, import, or compound a toxic chemical. Manufacture also applies to a toxic chemical that is produced coincidentally during the manufacture, processing, use or disposal of another chemical or mixture of chemicals, including a toxic chemical that is separated from the other chemical or mixture of chemicals as a by-product, and a toxic chemical that remains in that other chemical or mixture of chemicals as an impurity.

Process

"Process" means the preparation of a toxic chemical, after its manufacture, for distribution in commerce,

- (1) In the same form or physical state as, or in a different form or physical state from, that in which it was received by the person so preparing such substance, or
- (2) As part of an article containing the toxic chemical. "Process" also applies to the processing of a toxic chemical contained in a mixture or trade name product.

Otherwise Use

"Otherwise use" or "use" means any use of a toxic chemical that is not covered by the terms "manufacture" or "process" and includes use of a toxic chemical contained in a mixture or trade name product.

IV. 40 CFR Part 372.10 RECORDKEEPING

Supporting material and documentation used to prepare the TOXIC CHEMICAL RELEASE REPORTING FORMS for CY 1990 pursuant to 40 CFR Part 372.10 are as follows:

<u>Regulation</u>	<u>Documentation</u>
40 CFR Part 372.10(a)(1)	TOXIC CHEMICAL RELEASE, REPORTING FORMS are located in Section XI.
40 CFR Part 372.10(a)(2)	Material supporting the claim that the FMPC is a covered facility under 40 CFR Part 372.22 (a)(b) can be found in Section V; Appendix A-1 (line two below bar code and Item 2 Section f). Material supporting the claim that the FMPC is a covered facility under 40 CFR Part 372.22(c) is found in Section VI; Appendix B-1,2,3,4,5,6; Table 1,2. Material supporting the claim that the FMPC is not a covered facility under 40 CFR Part 372.45 is found in Section VIII; Appendix C-1,2,3,4.
40 CFR Part 372.10(a)(3)(i)	Material supporting the claim of exemption under 40 CFR Part 372.38 can be found in Section VII; Appendix B-2,3; Table 1.
40 CFR Part 372.10(a)(3)(ii)	Material Supporting the threshold determination for each toxic chemical can be found in Section VI; Appendix B-1,2,3,4; Table 1,2.
40 CFR Part 372.10(a)(3)(iii)	Material supporting the calculation of toxic chemical releases to the environment or transferred to an off-site location can be found in Section X. EPA Manual 450/2-88-006A, Toxic Air Pollutant Emission Factors; and EPA Manual 560/4-88-002, Estimating Releases and Waste Treatment Efficiencies were used as references.
40 CFR Part 372.10(a)(3)(iv)	Material supporting the use indications and quantity on site can be found in Section VI; Appendix B-1,2,3,4,5,6.

IV. 40 CFR Part 372.10 RECORDKEEPING

- 40 CFR Part 372.10(a)(3)(iv) Material supporting dates of manufacturing, processing, or using can be found in Section VI; Section X.
- 40 CFR Part 372.10(a)(3)(v) Material supporting the estimates of releases or off-site transfer for each toxic chemical can be found in Section X.
- 40 CFR Part 372.10(a)(3)(vi) Material supporting the transfer of toxic chemicals in waste to off-site locations can be found in Section VIII; Appendix C-1,2,3,4. Receipts or manifests associated with the transfers are located in the Regulatory Compliance section of the Transportation Department.
- 40 CFR Part 372.10(a)(3)(vii) Supporting material for waste treatment methods can be found in Section IX, X. The daily pH values of discharges are contained in the monthly Discharge Monitoring Reports which can be found in the Sitewide Compliance files.
- 40 CFR Part 372.10(b)(1) Material supporting the supplier notification requirements can be found in Section VIII, Appendix C-1,2,3,4.

V. 40 CFR Part 372.22 COVERED FACILITIES FOR TOXIC CHEMICAL RELEASE REPORTING

40 CFR Part 372.22 provides that a facility which meets the following criteria for a calendar year is a covered facility for that calendar year and must report under 40 CFR Part 372.30:

- (a) The facility has 10 or more full-time employees
- (b) The facility is in Standard Industrial Classification codes 20 through 39
- (c) The facility manufactured (including imported), processed, or otherwise used a toxic chemical in excess of an applicable threshold quantity of that chemical set forth in 40 CFR Part 372.25

The FMPC is a covered facility because it has more than 10 full-time employees and has a Standard Industrial Classification Code of 2819.

Supporting material consists of the U.S. Department of Commerce, Bureau of Census, 1990 Annual Survey of Manufacturers, Form MA-1000 which is included as Appendix A-1.

VI. 40 CFR Part 372.25 THRESHOLDS FOR REPORTING

The threshold amounts for purposes of reporting under 40 CFR Part 372.30 for toxic chemicals are as follows:

- (a) With respect to a toxic chemical manufactured (including imported) or processed at a facility during calendar year 1990 - 25,000 pounds
- (b) With respect to a chemical otherwise used at a facility during calendar year 1990 - 10,000 pounds.

FMPC material management and accounting records were used to determine if a threshold had been exceeded for a listed 40 CFR Part 372.65 toxic chemical.

FMPC SARA 313 Chemical Inventory for 1990, included as Appendix B-1, was developed by comparing the FMPC Inventory Control Catalogue with the 40 CFR Part 372.65 toxic chemical list. It was used to identify any chemical or compound which exceeded the 10,000 lb. reporting threshold.

FMPC SARA 313 CHEMICAL USAGE FOR 1990, included as Appendix B-2, was developed from Inventory Control computer records. This data was summarized in Table 1 and used in the preparation of the Threshold Worksheets.

A list of account numbers and their respective departments, included as Appendix B-3, was used to help identify the location of usage and activity use for the respective chemicals.

Table 1 was developed by using the Chemical Inventory, Appendix B-1, to identify each chemical that met the 10,000 lb. reporting threshold, location of usage, and amount used.

Section 313 REPORTING THRESHOLD WORKSHEETS, included as Appendix B-4, were completed by using the information contained in Table 1.

Table 2 was developed by using the Threshold Worksheets, Appendix B-4, to identify each toxic chemical that required a Form R for 1990.

FMPC SARA 313 MONTHLY INVENTORY FOR 1990, included as Appendix B-5, identified the amount and locations of usage for each reportable chemical on a monthly basis.

VI. 40 CFR Part 372.25 DETERMINATION OF ACTIVITY USES AND DATES

Hydrochloric acid was "otherwise used" to decontaminate equipment and materials. The Decontamination and Decommissioning (D&D) Facility operated 16 hours per day, seven days per week; holidays excluded (1/1, 2/19, 4/13, 5/28, 7/4, 9/3, 11/12, 22-23, 12/24-25).

Hydrochloric acid was "coincidentally produced" as a result of coal combustion at the Boiler Plant. The Boiler Plant normally operates 365 days per year.

Methanol was "otherwise used" as a carbon source for the denitrifying bacteria at the Bionitrification (BDN) Facility. The BDN normally operates 365 days per year. However, the BDN facility was not in operation from April 5, 1990, through September 21, 1990, due to construction activities.

Nitric acid was used in Plant 2/3 to decontaminate equipment and materials.

Nitric acid was used in Plant 6 for the pH adjustment of waste streams in order to facilitate the removal of uranium, oil, and grease. Plant 6 was operated eight hours a day, five days a week from January until March. Wastewater treatment was discontinued in Plant 6 on March 26, 1990.

Sulfuric acid was "otherwise used" at the BDN Facility, the General Sump, and the Water Treatment Plant for pH adjustment of streams containing caustic components or a high pH. All of these facilities normally operate 365 days per year. However, the BDN facility was not in operation from April 5, 1990, through September 21, 1990, due to construction activities.

Table 1

Summary of SARA 313 Usage - 1990

<u>Chemical Name</u>	<u>CAS No.</u>	<u>Stock No.</u>	<u>Charge Account</u>	<u>Department</u>	<u>Amount Used</u>
Hydrochloric Acid	7647-01-0	C00003	YLA03-399	Water Lab	36
			94200-398	Anal. Lab	792
			WJA00-399	Restoration	108
		CB00201	WJA00-399	Restoration	<u>77,620</u>
					78,556
Methanol	67-56-1	C00034	YLA01-399	Water Lab	12
			94200-398	Anal. Lab	174
			YLA03-399	Water Lab	6
		CB00293	YLA04-399	BDN	<u>68,284</u>
					68,476
Nitric Acid	7697-37-2	C00002	YLA03-399	Water Lab	42
			94200-398	Water Lab	981
			CB00207	MAD00-210	OPR - Metal
			MAC00-210	OPR - Chem	<u>1,790</u>
					14,791
Sulfuric Acid	7664-93-9	C00007	YLA01-399	Water Lab	108
			YLA03-399	Water Lab	54
			94200-398	Anal. Lab	270
		CB00270	YLA01-399	Water Plant	29,596
			YLA04-399	BDN	<u>17,072</u>
					47,100

Table 2 Sara 313 Reportable Toxic Chemicals - 1990

<u>Sara 313 Chemical</u>	<u>Activity</u>	<u>Usage</u>	<u>Threshold Limit</u>
Hydrochloric acid	Otherwise Used	77,728 lbs	10,000 lbs
	Manufactured	45 lbs	N A *
Methanol	Otherwise Used	68,284 lbs	10,000 lbs
Nitric acid	Otherwise Used	13,768 lbs	10,000 lbs
Sulfuric acid	Otherwise Used	46,668 lbs	10,000 lbs

* Threshold for "otherwise used" was exceeded; therefore, all usage must be reported.

VII. 40 CFR Part 372.38 EXEMPTIONS

Toxic chemicals that are manufactured, processed, or used in a laboratory at a covered facility under the supervision of a technically qualified individual are exempt from threshold determination and release estimates. This exemption does not apply to specialty chemical production or to production, processing, or use of toxic chemicals in pilot plant operations.

There are three laboratories at the FMPC which manufacture, process, or use 40 CFR Part 372.65 toxic chemicals: the Analytical Laboratory, the E,S+H Laboratory, and the Water Plant Laboratory. All the laboratories are under the supervision of a technically qualified individual as defined in 40 CFR Part 720.3(ee). None of the labs used 40 CFR Part 372.65 toxic chemicals for specialty chemical production or pilot plant operations during 1990.

FMPC CHEMICAL USAGE FOR SARA 313 - 1990, included as Appendix B-2, and the list of account numbers, included as Appendix B-3, identified the quantity of each reportable chemical used by the respective laboratory. Chemicals used in these laboratories are exempt under 40 CFR Part 372.38(d) and were not included in the threshold determinations or release calculations.

FMPC FUEL INVENTORY FOR SARA 313 - 1990, included as Appendix B-6, lists the amount of fuel used for maintaining motor vehicles operated by the facility. Toxic chemicals contained in these fuels are exempt from reporting under 40 CFR Part 372.38(c)(4).

VIII. 40 CFR Part 372.45 NOTIFICATION ABOUT TOXIC CHEMICALS

A person who owns or operates a facility or establishment which:

- (1) Is in Standard Industrial Classification codes 20 through 39 as set forth in paragraph (b) of 40 CFR Part 372.22
- (2) Manufactures (including imports) or processes a toxic chemical, and
- (3) Sells or otherwise distributes a mixture or trade name product containing the toxic chemical

must provide written notification of any 40 CFR Part 372.65 toxic chemicals contained therein.

Appendix C lists three off-site locations where wastes containing 40 CFR Part 372.65 toxic chemicals were sent in 1990: Nevada Test Site, Rollins Environmental Services, and Ensco Environmental Systems Company.

Shipments to the Nevada Test Site (VAB), Rollins Environmental Services and Ensco Environmental were for disposal only.

No supplier notification is required for disposal of waste shipments containing toxic chemicals.

Supporting material for shipments to the Nevada Test Site (VAB) are on file in the Regulatory Compliance section of the Transportation Department.

Supporting material for shipments to Rollins and Ensco are on file in the Release Emission Reporting section of the Environmental Compliance and Quality Assurance Department.

Appendix C-4 describes the excess materials which were sold in 1990. Supplier notifications were not provided with these items because it was determined that they were exempt "articles" under 40 CFR Part 372.45(d)(2)(i).

IX. WASTE TREATMENT METHODS

Waste treatment methods employed at the FMPC for treating waste streams containing 40 CFR Part 372.65 toxic chemicals are pH neutralization and biological decomposition.

The pH neutralization occurs at the Decontamination and Decommissioning(D&D) Facility. Waste streams containing HCl are neutralized to a pH of approximately 7.5 prior to being discharged to the General Sump.

Biological decomposition occurs at the Biodentrification Effluent Treatment System(BDN-ETS). Waste streams containing methanol are exposed to facultative bacteria prior to being discharged to a receiving stream.

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X. EMISSION CALCULATION FORMS

FMPC SARA 313 - EMISSION CALCULATION FORM

CALENDAR YEAR 1990

CHEMICAL Hydrochloric acidCHEMICAL ABSTRACT NUMBER 7647-01-0ACTIVITY ManufacturedLOCATION Boiler PlantCALENDAR YEAR 1990 ACTIVITY USE 45 lbsSUPPORTING MATERIAL Section VI; Appendix B-6; Table 2Activity/Emission Summary

Hydrochloric Acid was coincidentally produced by the combustion of bituminous coal at the Boiler Plant. The Boiler Plant operated 365 days during 1990.

STACK OR POINT SOURCE EMISSIONS

Reference: EPA Manual 450/2-88-006A, page 4-58

 $0.00192 \text{ lb HCl/ton coal burned} \times 23,512 \text{ tons of coal burned} = 45 \text{ lbs HCl}$

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FMPC SARA 313 - EMISSION CALCULATION FORM

CALENDAR YEAR 1990

CHEMICAL Hydrochloric acid

CHEMICAL ABSTRACT NUMBER 7647-01-0

FMPC STOCK NUMBER CB00201

ACTIVITY Otherwise used

LOCATION Decontamination & Decommissioning(D&D) Facility

CALENDAR YEAR 1990 ACTIVITY USE 77,728 lbs

SUPPORTING MATERIAL Section VI; Appendix B-1,2,3,4,5; Table 1,2

Activity/Emission Summary

Hydrochloric Acid was used to decontaminate equipment and materials by immersing them in dip tanks at ambient temperatures. The spent hydrochloric acid was then neutralized with sodium hydroxide. The resulting slurry was pumped to the General Sump and then to Plant 8 where it was filtered and disposed of as a solid waste. The D&D Facility operated sixteen hours a day, seven days per week; holidays excluded (1/1, 2/19, 4/13, 5/28, 7/4, 9/3, 11/12,22-23, 12/24-25). There were 509 dips for 1990.

In calendar year 1990, there were three refills of the two dip tanks at the D&D Facility. Each refill of the dip tanks took approximately 1500 gallons. The dip tanks were filled from the vendors bulk tanker truck. The truck transfer was made within the sump drainage floor area so there were no transfer losses.

FMPC SARA 313 - EMISSION CALCULATION FORM

CALENDAR YEAR 1990

CHEMICAL MethanolCHEMICAL ABSTRACT NUMBER 67-56-1FMPC STOCK NUMBER CB00293ACTIVITY Otherwise usedLOCATION Biodenitrification(BDN) FacilityCALENDAR YEAR 1990 ACTIVITY USE 68,284 lbsSUPPORTING MATERIAL Section VI, Appendix B-1,2,3,4,5; Table 1,2Activity/Emission Summary

Methanol was used in the Biodenitrification(BDN) Facility as a carbon source for the denitrifying bacteria. Methanol was received in tank truck quantities and then transferred into the storage tank from which it was metered into the BDN influent line. The BDN effluent line was routinely monitored for residual methanol.

The BDN was not in operation from April 5, 1990, through September 21, 1990, due to construction activities.

METHANOL CALCULATIONS

FUGITIVE OR NON-POINT SOURCE EMISSIONS

Reference: EPA Manual 560/4-88-002, Appendix D

Tank Truck Transfer Losses

$$L_t = (N)(S)(E)$$

N = number of tanker truck transfers

S = spillage from coupling joint = 2 gal

E = density, @ 6.6 lbs/gal

$$L_t = (1)(2)(6.6) = 13.2 \text{ lb/yr}$$

Pipe Line Fitting Losses

$$L_f = (v + f + s)(168 \text{ hr/wk})(52 \text{ wks/yr})$$

v = pipe valve losses = $(0.0038)(3) = 0.011 \text{ lbs/hr}$ f = flange losses = $(0.00013)(10) = 0.001 \text{ lbs/hr}$ s = pump seal losses = $(0.026)(1) = 0.026 \text{ lbs/hr}$

$$L_f = (0.011+0.001+0.026)(168)(52) = 175.5 \text{ lbs/yr}$$

TOTAL FUGITIVE EMISSIONS

$$13.2 + 175.5 = 188.7 \sim 190 \text{ lbs}$$

STACK OR POINT SOURCE EMISSIONS

Reference: EPA Manual 560/4-88-002, Appendix C

Basis : 1. Tank data -

- a. 24 ft diameter
- b. Internal floating roof
- c. Vapor mounted seal, primary and secondary
- d. Fittings:
 - Access hatch
 - Gauge float

2. Atmospheric conditions

- a. Annual mean temperature = 54° F.
- b. Mean pressure = 986 millibar
= 14.3 psia

3. Methanol partial pressure = 99 mmHg (@ 54° F)
= 1.91 psia

METHANOL CALCULATIONS

Methanol Tank Losses:

$$L_t = L_r + L_w + L_f + L_d$$

$$L_r = \text{rim seal loss} = (K_s)(V)(p)(D)(M)(K_c)$$

$$L_w = \text{withdrawal loss} = [(0.943)(Q)(C)(W)/(D)] * [1 + N(F_c)/D]$$

$$L_f = \text{deck fittings loss} = (F_f)(p)(M)(K_c)$$

$$L_d = \text{deck seams loss} = 0 \text{ (welded)}$$

Where:

$$K_s = \text{seal factor} = 6.7$$

$$V = \text{wind velocity} = 9.0 \text{ mph}$$

$$n = \text{seal related exponent} = 0$$

$$p = \text{vapor pressure function} = 0.036$$

$$M = \text{vapor molecular weight} = 32$$

$$K_c = \text{product factor} = 1.0$$

$$Q = \text{throughput} = 246.3 \text{ bbl/yr}$$

$$C = \text{shell clingage factor} = 0.0015 \text{ bbl/1000 ft}^2$$

$$W = \text{average organic liquid density} = 6.6 \text{ lb/gal}$$

$$D = \text{tank diameter} = 24 \text{ ft}$$

$$N = \text{number of columns} = 0$$

$$F_c = \text{effective column diameter} = 1$$

$$F_f = \text{fitting factors, total} = 75$$

$$L_r = (6.7)(9.0)(0.036)(24)(32)(1) = 185.242$$

$$L_w = \frac{(0.943)(246.3)(0.0015)(6.6)}{(24)} \times \left[1 + \frac{(0)(1)}{(24)} \right] = 0.096$$

$$L_f = (75)(0.036)(32)(1) = 74.880$$

$$L_d = 0$$

TOTAL POINT SOURCE LOSSES

$$L_r + L_w + L_f + L_d = L_t$$

$$185.242 + 0.096 + 74.880 + 0 = 260 \text{ lbs}$$

METHANOL CALCULATIONS

DISCHARGES TO WATER

Reference: EPA Manual 560/4-88-002, Appendix A, Table A-2.

The BDN discharge stream was routinely sampled and analyzed each shift for methanol concentration. The sampling was done each shift and was assumed to be representative of that shift. When the concentration was other than "<10 ppm", the flow for each shift was matched with the corresponding methanol concentration to determine the kgs. for that shift. Otherwise, a single determination was made for an entire day.

The new ETS, an activated sludge process for the removal of BOD and TSS (primarily biomass), began operation with the restart of the BDN in September. No additional samples were collected from the ETS discharge; therefore, no actual methanol removal data is available for the ETS. The removal of methanol from the waste water stream was estimated by the the use of data from EPA Manual 560/4-88-002, Dec 87, Appendix A, Table A-2, and with the following assumptions:

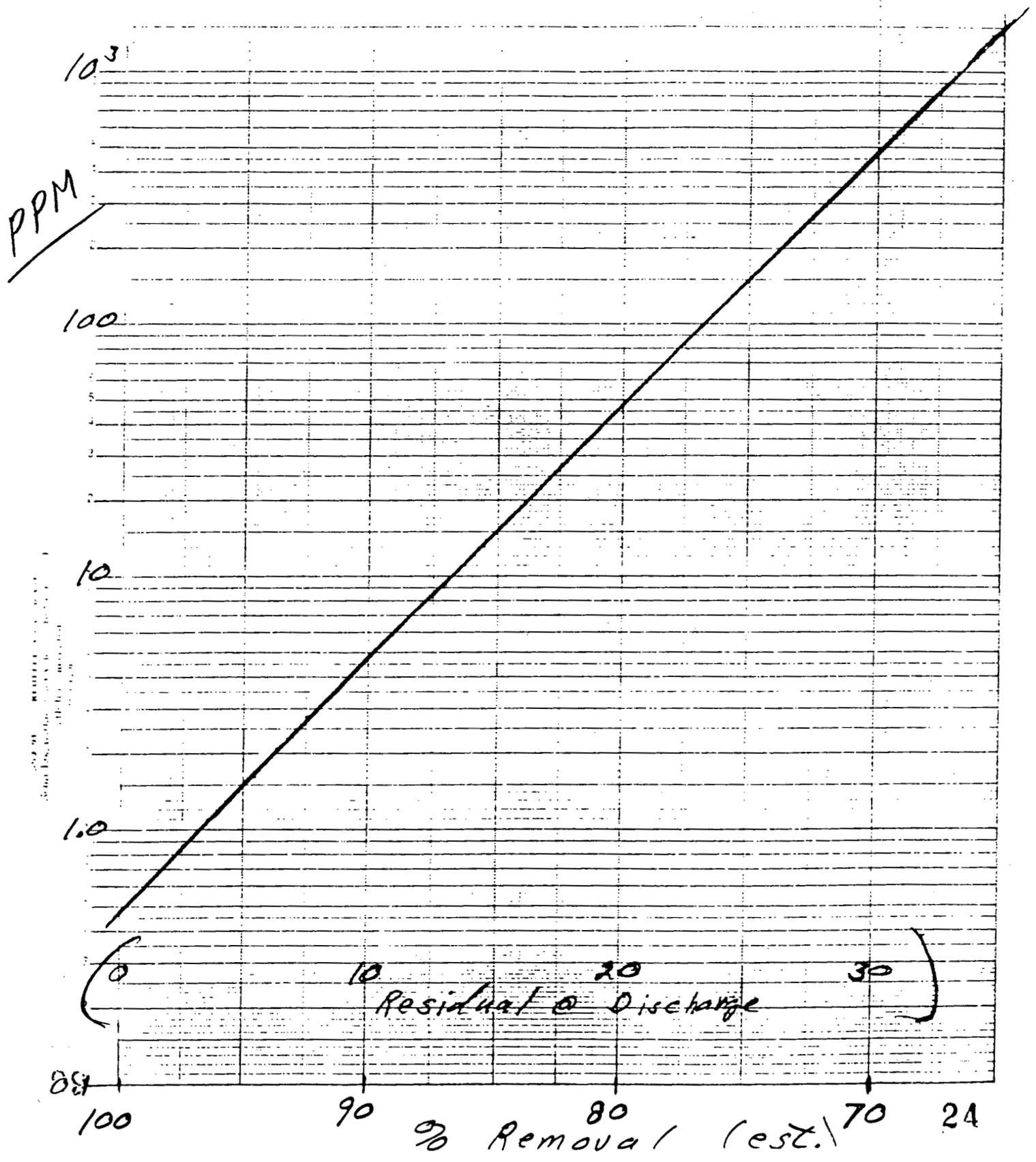
- The "<10 ppm" reported for the large majority of methanol analyses is assumed to average 5 ppm.
- The notes of Table A-2 do not define: "... processes which receive unsteady or "slug" loadings of the pollutant..." . Therefore, an arbitrary but reasonable efficiency is assumed and graphed for use in calculating a quantity of methanol discharged in the waste water each day.
- The efficiency values used are:

Concentration @ Inflow	Overall percent Removed	Residual in Discharge
0.5 ppm	100%	0%
5 ppm	90%	10%
50 ppm	80%	20%
500 ppm	70%	30%

- Graph of the above data follows.

1988/10⁴

Methanol Reduction (Secondary Treat./Activated Sludge)



(0 10 20 30)
Residual @ Discharge

100 90 80 70 24
% Removal (est.)

METHANOL CALCULATIONS

The methanol losses for the nineteen dates on which the methanol analysis exceeded "<10 ppm" were calculated in the following table.

The other one hundred sixty operating days were combined, using the appropriate corresponding data, to calculate the "steady state" methanol losses which were added to the "non-steady state" losses for the total pounds of methanol lost to wastewater.

Date	Flow gals	Methanol		
		ppm	%resid.	lbs
11 Mar	78,569	251	27.4	45.1
13 Oct	37,800	1371	34.5	149.1
	37,800	1381	34.6	150.6
15 Oct	33,600	691	31.5	61.0
21 Oct	38,400	274	27.5	24.1
	38,400	307	28.0	27.5
	38,400	242	27.0	20.9
22 Oct	34,800	273	27.5	21.8
	34,800	62	21.0	3.8
24 Oct	43,200	13	14.3	0.7
	43,200	64	21.5	5.0
25 Oct	43,200	646	31.2	72.6
	43,200	897	32.8	106.0
	43,200	927	33.0	110.2
26 Oct	43,200	961	33.3	115.3
	43,200	1000	33.5	120.7
	43,200	905	32.8	106.9
27 Oct	43,200	967	33.3	116.0
	43,200	960	33.0	114.1
	43,200	917	32.9	108.7
28 Oct	43,200	868	32.7	102.3
	43,200	931	33.0	110.7
	43,200	907	32.9	107.5
29 Oct	35,200	987	33.4	96.8
	35,200	1019	33.5	100.2
	35,200	919	32.9	88.8
30 Oct	19,200	912	32.9	48.0
	19,200	936	33.0	49.5
	19,200	921	32.9	48.5
02 Nov	17,600	29	17.8	0.8
	17,600	32	18.0	0.8
	17,600	70	21.6	2.2
03 Nov	16,000	137	24.5	4.5
	16,000	156	25.0	5.2
	16,000	10	13.2	0.2

Date	Flow gals	Methanol		
		ppm	%resid.	lbs
04 Nov	17,600	13	14.2	0.3
	17,600	47	20.0	1.4
	17,600	10	13.2	0.2
06 Nov	19,200	202	26.3	8.5
	19,200	211	26.5	9.0
	19,200	183	26.0	7.6
07 Nov	17,600	231	26.9	9.1
	17,600	256	27.5	10.3
	17,600	14	14.7	0.3
15 Nov	22,160	71	21.7	2.8
	22,160	25	17.0	0.8
	22,160	10	13.2	0.2
09 Dec	23,220	69	21.5	2.9
	23,220	29	17.5	1.0
	23,220	10	13.2	0.3
Total	1,540,709			2300.8
other days	14,790,720	5	10.0	61.7
				2362.5 lbs

TOTAL LOSSES TO WATER

2400 lbs Methanol

=====	
MONTH	DAYS

Jan	27
Feb	28
Mar	21
Sep	11
Oct	31
Nov	30
Dec	31

Total	179

FMPC SARA 313 - EMISSION CALCULATION FORM

CALENDAR YEAR 1990

CHEMICAL Nitric acidCHEMICAL ABSTRACT NUMBER 7697-37-2FMPC STOCK NUMBER CB00207ACTIVITY Otherwise usedLOCATION Plant 2/3 & Plant 6CALENDAR YEAR 1990 ACTIVITY USE 13,768 lbsSUPPORTING MATERIAL Section VI; Appendix B-1,2,3,4,5; Table 1,2Activity/Emission Summary

Nitric acid is used in Plant 2/3 to decontaminate equipment and materials. Nitric acid is used in Plant 6 for the ph adjustment of waste streams in order to facilitate the removal of uranium, oil, and grease. Plant 6 was operated eight hours a day, five days a week from January until March. Wastewater treatment was discontinued in Plant 6 on March 26, 1990.

FUGITIVE AND NON-POINT SOURCE EMISSIONS

Reference: EPA Manual 560/4-88-002, Appendix D

Assumptions: 11.3 lbs nitric acid per gallon
 pump leakage of 2 ml/sec = 1.9 gal/hr
 valve leakage = pump leakage
 acid inventory is transferred the equivalent of four times

$$\text{number of operating hours: } \frac{(4 \text{ transfers})(1,218 \text{ gal})}{(40 \text{ gal/min})(60 \text{ min/hr})} = 2.0 \text{ hrs}$$

$$\text{pump leakage: } (2.0 \text{ hrs})(1.9 \text{ gal/hr}) = 3.8 \text{ gal}$$

$$\text{amount of nitric acid lost: } (3.8 \text{ gal})(11.3 \text{ lbs/gal}) = 42.9 \text{ lbs}$$

TOTAL FUGITIVE EMISSIONS

pump leakage + valve leakage = transfer losses
 $42.9 + 42.9 = 85.8 \sim 86 \text{ lbs}$

DISCHARGES TO WATER

Waste streams containing nitric acid are neutralized to a pH range of 6-9. Neutralization is considered to be 100% efficient; thus, no nitric acid is discharged to receiving streams.

FMPC SARA 313 - EMISSION CALCULATION FORM

CALENDAR YEAR 1990

CHEMICAL Sulfuric acidCHEMICAL ABSTRACT NUMBER 7664-93-9FMPC CHEMICAL CODE NUMBER CB00270ACTIVITY Otherwise usedLOCATION BDN, General Sump, Water Treatment PlantCALENDAR YEAR 1990 ACTIVITY USE 46,668 lbs.SUPPORTING MATERIAL Section VI; Appendix B-1,2,3,4,5; Table 1,2Activity/Emission Summary

Sulfuric Acid is used primarily for pH adjustment at the BDN Facility, the General Sump, and the Water Treatment Plant. All of these facilities operate 365 days per year.

DISCHARGES TO WATER

Streams containing caustic components, or a high pH, are neutralized to a pH range of 6-9 by addition of sulfuric acid. Neutralization is considered to be 100% efficient, thus, no sulfuric acid is discharged to receiving streams.

XI. COMPLETED TOXIC CHEMICAL RELEASE, REPORT FORM Rs



Westinghouse
Materials Company
of Ohio

PO Box 398704
Cincinnati, Ohio 45239-8704

(513) 738 6200
WMCO:P:91-443
June 21, 1991

Mr. Gerald W. Westerbeck
Fernald Site Manager
U.S. Department of Energy
P.O. Box 398705
Cincinnati, OH 45239-8705

Dear Mr. Westerbeck:

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM SUBMITTAL

Attached are four copies of Form R for each reportable chemical under Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 for calendar year 1990. A Form R has been prepared for the following toxic chemicals:

1. Hydrochloric Acid
2. Methanol
3. Nitric Acid
4. Sulfuric Acid

Ammonia was reported for calendar year 1989, WMCO:EC:90-0242. However, inventory control records indicate that ammonia failed to meet the 10,000 lb. reporting threshold for "otherwise used" chemicals in 1990. Therefore, ammonia is not reported in this calendar year.

NO_x gases emitted from operations are not included in the emission estimate for nitric acid because these gases are not listed as Section 313 toxic chemicals.

After signing each Form R, please submit it to the appropriate agency by July 1, 1991:

- (1) EPCRA Reporting Center
P. O. Box 23779
Washington, D.C. 20026-3779
Attn: Toxic Chemical Release Inventory

G. W. Westerbeck

-2-

WMCO:P:91-443

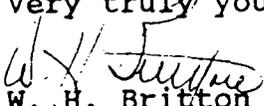
- (2) Office of Fiscal Administration
 General Accounting Section
 Ohio Environmental Protection Agency
 1800 Watermark Drive
 Columbus, Ohio 43215

A diskette containing transmittal letters is included for your use. Please contact Environmental Compliance to obtain the \$110 Ohio filing fee check when the report for Ohio Environmental Protection Agency is ready for submittal. No fee is required for U.S. EPA submittals.

The documentation supporting the preparation of these forms is required by regulation to be maintained at the FMPC for a period of three years. It will be retained in the Sitewide Compliance files. Documentation supporting the preparation of these forms is not to be submitted to the regulatory agencies.

The WMCO personnel responsible for preparing these forms have reviewed it for completeness and accuracy. To the best of my knowledge, the data, in its current form, is true, complete and accurate.

Very truly yours,


 W. H. Britton
 President

CGS:slh

Attachments

c: w/att.
 S. L. Bradley
 S. A. Green, W Environmental Affairs
 E. D. Savage

Central Files
 OP Files
 EC&QA Files
 SWC Files

c: w/o att.
 S. M. Beckman
 K. C. Gessendorf

DW:91:190

1000



Department of Energy

Fernald Site Office
P O Box 398705
Cincinnati, Ohio 45239-8705
(513) 738-6319

REGULATORY
COMPLIANCE SECTION
FEDERAL REGISTER

JUL 2 10 27 AM '91

JUN 28 1991

DOE-1709-91

EPCRA Reporting Center
P. O. Box 23779
Washington, D.C. 20026-3779
Attn: Toxic Chemical Release Inventory

Gentlemen:

TOXIC CHEMICAL RELEASE INVENTORY - FEED MATERIALS PRODUCTION CENTER

Enclosed are the completed forms as required by 40 CFR Section 372.30 of Title III of the Superfund Amendments and Reauthorization Act (SARA) of 1986.

A Form R has been prepared for each of the following:

1. Hydrochloric Acid
2. Methanol
3. Nitric Acid
4. Sulfuric Acid

If you have any questions, please contact Bobby Davis at (513) 738-6156.

Sincerely,

Gerald W. Westerbeck
Manager

FSO:Brakken

Enclosure: As stated

cc w/encl.:

- K. A. Hayes, EM-424, GTN
- P. J. Gross, SE-31, ORO
- C. A. McCord, USEPA-V
- E. D. Savage, WMCO

LR



REGULATORY
 Department of Energy
 Fernald Site Office
 P.O. Box 398706
 Cincinnati, Ohio 45239-8706
 (513) 738-6319

JUN 2 10 27 AM '91

JUN 28 1991

DOE-1715-91

Office of Fiscal Administration
 General Accounting Section
 Ohio Environmental Protection Agency
 1800 Watermark Drive
 Columbus, Ohio 43215

Gentlemen:

TOXIC CHEMICAL RELEASE INVENTORY - FEED MATERIALS PRODUCTION CENTER

Enclosed are the completed Form Rs as required by Section 3751.03(A)(1) of the Ohio Revised Code. Also enclosed is a check for \$110 to cover the filing fee for the Form Rs and a fee submittal worksheet.

A Form R has been prepared for each of the following:

1. Hydrochloric Acid
2. Methanol
3. Nitric Acid
4. Sulfuric Acid

If you have any questions, please contact Wally Quaider at (513) 738-6160.

Sincerely,

Gerald W. Westerbeck
 Manager

FSO:Brakken

Enclosures: As stated

cc w/encl.:

K. A. Hayes, EM-424, GTN
 P. J. Gross, SE-31, ORO
 Ohio Disaster Service Agency

cc w/o encl.:

C. A. McCord, 5HR-12, USEPA-V
 E. D. Savage, WMCO

AE

FERNALD'S MAIN PRIORITY IS CLEANUP

COMPLETE THIS WORKSHEET AND SUBMIT ONE COPY WITH THE SECTION 313 SUBMISSION FOR EACH FACILITY. A COPY OF THIS FORM DOES NOT HAVE TO BE SUBMITTED WITH EACH FORM R.

FACILITY IDENTIFICATION

FOR OFFICE USE ONLY

Facility Name: U.S. Department of Energy Feed Materials Production Center

Mailing Address: P.O. Box 398705

City: Cincinnati State: Ohio zip: 45239-8705

County: Hamilton

The following calculations will determine the amount of the fee which must be submitted pursuant to the Ohio Revised Code Section 3751 and Ohio Administrative Code Rule 3745-100-12.

Complete the following calculations based on the number of Form R's submitted (one Form R per chemical reported):

- 1) Filing Fee (a set \$50.00 filing fee per facility) \$ 50.00
2) Number of Form R's submitted 4 x \$15.00 = \$ 60.00
(* maximum of \$500.00)
3) TOTAL FEE DUE (add Lines 1 and 2) \$ 110.00

LATE FEE (IF SUBMITTING AFTER AUGUST 1)

If the Form R is being submitted after August 1st, a 15% late fee must be assessed. You must calculate the penalty as follows:

- 4) TOTAL FEE DUE (from Line 3, above) \$
5) Multiply Line 4 by 15% (Late Fee) x 0.15
6) Total Late Fee Due \$
7) Add Lines 3 and 6 to determine TOTAL DUE WITH LATE FEE \$

SUBMISSION OF REPORTING FEE

Please make checks payable to "Treasurer, State of Ohio." Attach the check to this Fee Calculation Worksheet and send it, along with the Form R(s), to:

Office of Fiscal Administration
General Accounting Section
Ohio Environmental Protection Agency
1800 WaterMark Drive
Columbus, Ohio 43215

If you have already submitted your Form R's to the Ohio EPA, for the current reporting year, an additional copy with the fee is not required.

If you have any questions, please contact Cindy Sferra-DeWulf of the Ohio EPA Division of Air Pollution Control at (614) 644-2266.

FOR OHIO ENVIRONMENTAL PROTECTION AGENCY USE ONLY

Name of Facility

County SIC ATC 34

Check No. Date Amount \$

3561



Westinghouse Materials Company of Ohio, Inc.

P.O. Box 398704
Cincinnati, Ohio 45239

CHECK NUMBER 88048

56-204
322

PAYABLE THROUGH
THE CENTRAL TRUST COMPANY, N.A.
TechneCenter - RCPC Office
Milford, Ohio 45150

DATE 91/06/17

PAY EXACTLY *****110DOLLARS AND00CENTS
TO THE ORDER OF VOID 90 DAYS FROM DATE

\$110.00

TREASURER, STATE OF OHIO

WESTINGHOUSE MATERIALS COMPANY OF OHIO, INC.
GENERAL ACCOUNT

MEMO: SARA 313 REPORT, FORM R

⑈88048⑈ ⑆042202044⑆ 770991196⑈

INVOICE DATE	REFERENCE/INVOICE NO.	AMOUNT OF INVOICE	DEDUCTION	AMOUNT
06/14/91	87808 / 00087808	110.00		110.00
MEMO: SARA 313 REPORT, FORM R				

THE ACCOMPANYING CHECK IS IN
SETTLEMENT OF THE ITEMS STATED
ABOVE IF NOT CORRECT PLEASE
RETURN AT ONCE

88048

Westinghouse Materials Company of Ohio, Inc.
P.O. Box 398704 Cincinnati, Ohio 45239

WVCC-4011

(Important: Type or print; read instructions before completing form.)

EPA FORM R PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES	(This space for your optional use) HCl
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1. PUBLICLY OWNED TREATMENT WORKS (POTWs)			
1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).			
2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____	37
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22

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>EPA FORM R</p> <p>PART III. CHEMICAL-SPECIFIC INFORMATION</p> </div> </div>	<p>(This space for your optional use.)</p> <p style="text-align: center; font-size: 1.2em;">HCl</p>
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1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)	
1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) <p style="text-align: center; font-size: 1.2em;">7647-01-0</p>
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) <p style="text-align: center; font-size: 1.2em;">Hydrochloric Acid</p>
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)			
3.1	Manufacture the chemical: a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input checked="" type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
<input type="checkbox"/> A (enter code)	

		A. Total Release (pounds/year)			B. Basis of Estimate (enter code)	C. % From Stormwater	
		A.1 Reporting Ranges					A.2 Enter Estimate
		1-10	11-499	500-999			
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)							
5.1 Fugitive or non-point air emissions	5.1a	[]	[]	[]	24	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	[]	[]	[]	45	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies <small>(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)</small>	5.3.1 <input checked="" type="checkbox"/> a	5.3.1a	[]	[]	[]	0	5.3.1b <input type="checkbox"/> 5.3.1c 0 %
	5.3.2 <input type="checkbox"/>	5.3.2a	[]	[]	[]	NA	5.3.2b <input type="checkbox"/> 5.3.2c NA %
	5.3.3 <input type="checkbox"/>	5.3.3a	[]	[]	[]		5.3.3b <input type="checkbox"/> 5.3.3c %
5.4 Underground Injection	5.4a	[]	[]	[]	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land 5.5.1 On-site landfill 5.5.2 Land treatment/application farming 5.5.3 Surface impoundment 5.5.4 Other disposal	5.5.1a	[]	[]	[]	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	[]	[]	[]	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	[]	[]	[]	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	[]	[]	[]	NA	5.5.4b <input type="checkbox"/>	

[]	(Check if additional information is provided on Part IV-Supplemental Information.)
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58

38

(Important: Type or print; read instructions before completing form.)

EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION (continued)	(This space for your optional use) HCl
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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS					
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate			
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA		6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA		6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA		6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA		6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY					
<input type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> W	7.1b <input type="checkbox"/> C <input type="checkbox"/> 1 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 1	7.1d <input type="checkbox"/> []	7.1e 100 %	7.1f <input type="checkbox"/> [X] <input type="checkbox"/> []
7.2a <input type="checkbox"/> NA	7.2b <input type="checkbox"/> [] [] []	7.2c <input type="checkbox"/> []	7.2d <input type="checkbox"/> []	7.2e %	7.2f <input type="checkbox"/> [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> [] [] []	7.3c <input type="checkbox"/> []	7.3d <input type="checkbox"/> []	7.3e %	7.3f <input type="checkbox"/> [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> [] [] []	7.4c <input type="checkbox"/> []	7.4d <input type="checkbox"/> []	7.4e %	7.4f <input type="checkbox"/> [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> [] [] []	7.5c <input type="checkbox"/> []	7.5d <input type="checkbox"/> []	7.5e %	7.5f <input type="checkbox"/> [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> [] [] []	7.6c <input type="checkbox"/> []	7.6d <input type="checkbox"/> []	7.6e %	7.6f <input type="checkbox"/> [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> [] [] []	7.7c <input type="checkbox"/> []	7.7d <input type="checkbox"/> []	7.7e %	7.7f <input type="checkbox"/> [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> [] [] []	7.8c <input type="checkbox"/> []	7.8d <input type="checkbox"/> []	7.8e %	7.8f <input type="checkbox"/> [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> [] [] []	7.9c <input type="checkbox"/> []	7.9d <input type="checkbox"/> []	7.9e %	7.9f <input type="checkbox"/> [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> [] [] []	7.10c <input type="checkbox"/> []	7.10d <input type="checkbox"/> []	7.10e %	7.10f <input type="checkbox"/> [] []

(Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION				
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)				
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	<input type="checkbox"/> R
	_____	_____	_____ %	_____



(Important: Type or print; read instructions before completing form.)



EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate			
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a [] [] []			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3. ___ <input type="checkbox"/>	5.3. ___ a [] [] []			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a [] [] []			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) 1. ___ <input type="checkbox"/>	[] [] []		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?	
					Yes	No
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	

EE

(Important: Type or print; read instructions before completing form.)

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 20 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (ENV-223), U.S. EPA, 401 M St., S.W., Washington, D.C. 20460. Also send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0193), Washington, D.C. 20503.

EPA FORM R	PART I. FACILITY IDENTIFICATION INFORMATION	(This space for your optional use) MeOH
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1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>90</u>
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2. CERTIFICATION (Read and sign after completing all sections.)
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:
Gerald W. Westerbeck, DOE/FSO Site Manager

Signature: *[Signature]* Date signed: 6/28/91

3. FACILITY IDENTIFICATION

Facility or Establishment Name: **U.S. Dept. of Energy Feed Materials Production Center**

Street Address: **7400 Willey Road**

City: **Fernald** County: **Hamilton**

State: **Ohio** Zip Code: **45030**

TRI Facility Identification Number: **45030 SDPRT 7400W**

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

3.2 This report contains information for (Check only one):
a. An entire facility b. Part of a facility.

3.3 Technical Contact: **Wally J. Quaid** Telephone Number (include area code): **(513) 738-6160**

3.4 Public Contact: **Bobby Jo Davis** Telephone Number (include area code): **(513) 738-6156**

3.5 SIC Code (4-digit):
a. **2819** b. **NA** c. d. e. f.

3.6 Latitude Longitude
Degrees Minutes Seconds Degrees Minutes Seconds
39 18 84 41

3.7 Dun & Bradstreet Number (s):
a. **NA** b.

3.8 EPA Identification Number (s) (RCRA I.D. No.):
a. **OH 6890008976** b. **NA**

3.9 NPDES Permit Number(s):
a. **OH0009580** b. **11002224*BD**

3.10 Receiving Streams or Water Bodies (enter one name per box):
a. **Great Miami River** b. **Paddy's Run Creek**
c. **NA** d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s):
a. **NA** b.

4. PARENT COMPANY INFORMATION

Name of Parent Company: **U.S. Dept. of Energy Environmental Restoration & Waste Mgmt.** 4.2 Parent Company's Dun & Bradstreet Number: **NA**



(Important: Type or print; read instructions before completing form.)

EPA FORM R PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES	(This space for your optional use) MeOH
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1. PUBLICLY OWNED TREATMENT WORKS (POTWs)			
1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).			
2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____	
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(Important: Type or print; read instructions before completing form.)

	EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION	(This space for your optional use.) MeOH
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1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)	
1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 67-56-1
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Methanol
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)			
3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import: c. <input type="checkbox"/> For on-site use/processing
		b. <input type="checkbox"/> Import	d. <input type="checkbox"/> For sale/distribution
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	e. <input type="checkbox"/> As a byproduct
		d. <input type="checkbox"/> Repackaging only	f. <input type="checkbox"/> As an impurity
3.3	Otherwise use the chemical:	a. <input checked="" type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
			c. <input type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (enter code)	

		A. Total Release (pounds/year)			B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Range		A.2 Enter Estimate		
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		1-10	11-999	500-999		
5.1	Fugitive or non-point air emissions	5.1a	[] [] []	190	5.1b <input type="checkbox"/> E	
5.2	Stack or point air emissions	5.2a	[] [] []	260	5.2b <input type="checkbox"/> E	
5.3	Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.1 <input type="checkbox"/> a	5.3.1a [] [] []	2400	5.3.1b <input type="checkbox"/> M	5.3.1c 0 %
		5.3.2 <input type="checkbox"/>	5.3.2a [] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c NA %
		5.3.3 <input type="checkbox"/>	5.3.3a [] [] []		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4	Underground Injection	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5	Releases to land	5.5.1	5.5.1a [] [] []	NA	5.5.1b <input type="checkbox"/>	
		5.5.2	5.5.2a [] [] []	NA	5.5.2b <input type="checkbox"/>	
		5.5.3	5.5.3a [] [] []	NA	5.5.3b <input type="checkbox"/>	
		5.5.4	5.5.4a [] [] []	NA	5.5.4b <input type="checkbox"/>	

(Check if additional information is provided on Part IV-Supplemental Information.)

AD

(Important: Type or print; read instructions before completing form.)

	EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION (continued)	(This space for your optional use) <p style="text-align: center; font-size: 1.2em;">MeOH</p>
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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS					
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment Disposal (enter code)
	A.1 Reporting Ranges 1-10 11-99 500-999				
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[]	[]	[]	NA	6.1.1b <input type="checkbox"/>
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.1b <input type="checkbox"/> 6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.2b <input type="checkbox"/> 6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.3b <input type="checkbox"/> 6.2.3c <input type="checkbox"/> M <input type="checkbox"/>
[] (Check if additional information is provided on Part IV-Supplemental Information.)					

7. WASTE TREATMENT METHODS AND EFFICIENCY					
<input type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> W	7.1b <input type="checkbox"/> B <input type="checkbox"/> 3 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 2	7.1d []	7.1e 68 %	7.1f [] [X]
7.2a <input type="checkbox"/> NA	7.2b [] [] []	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b [] [] []	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b [] [] []	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b [] [] []	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b [] [] []	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b [] [] []	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b [] [] []	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b [] [] []	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b [] [] []	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []
[] (Check if additional information is provided on Part IV-Supplemental Information.)					

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION				
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)				
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	<input type="checkbox"/> R
	_____	_____	[] + [] - _____ %	

(Important: Type or print; read instructions before completing form.)

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>EPA FORM R PART IV. SUPPLEMENTAL INFORMATION</p> <p>Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 20%;"> (This space for your optional use) NA </div> </div>
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ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)					
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999		A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
<input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)				
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 1-10 11-499 500-999			
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)						
A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?	
					Yes	No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []	

3A

Important: Type or print; read instructions before completing form.

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PAF-223), US EPA, 401 M St., Washington, DC 20460. Also send to the Office of Management and Budget, Paperwork Reduction Project (2070-0093), Washington, DC 20503.

EPA U.S. Environmental Protection Agency TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM R PART I. FACILITY IDENTIFICATION INFORMATION HNO3 (This space for your optional use)

1. 1.1 Are you claiming the chemical identity on page 3 trace secret? [] Yes [X] No 1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized 1.3 Reporting Year 19 90

2. CERTIFICATION (Read and sign after completing all sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management official: Gerald W. Westerbeck, DOE/FSO Site Manager Date signed: 6/24/91

3. FACILITY IDENTIFICATION 3.1 Facility or Establishment Name: U.S. Dept. of Energy Feed Materials Production Center Street Address: 7400 Willey Road City: Fernald County: Hamilton State: Ohio Zip Code: 45030 TRI Facility Identification Number: 45030 SDPRT 7400W

WHERE TO SEND COMPLETED FORMS: 1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

3.2 This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility. 3.3 Technical Contact: Wally J. Quaid Telephone Number: (513) 738-6160 3.4 Public Contact: Bobby Jo Davis Telephone Number: (513) 738-6156 3.5 SIC Code (4 digit): a. 2819 b. NA 3.6 Latitude: Degrees 39 Minutes 18 Seconds Longitude: Degrees 84 Minutes 41 Seconds 3.7 Dun & Bradstreet Number(s): a. NA b. 3.8 EPA Identification Number(s) (RCRA I.D. No.): a. OH 6890008976 b. NA 3.9 NPDES Permit Number(s): a. OH0009580 b. 11000234*BD 3.10 Receiving Streams or Water Bodies (enter one name per box): a. Great Miami River b. Paddy's Run Creek c. NA 3.11 Underground Injection Well Code (UIC) Identification Number(s): a. NA b.

4. PARENT COMPANY INFORMATION Name of Parent Company: U.S. Dept. of Energy Environmental Restoration & Waste Mgmt. 4 2 Parent Company's Dun & Bradstreet Number: NA 46

(Important: Type or print; read instructions before completing form.)

EPA FORM R PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES	(This space for your optional use) HNO₃
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1. PUBLICLY OWNED TREATMENT WORKS (POTW's)			
1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).			
2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 47	

<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____	_____
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	EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION	(This space for your optional use) HNO_3
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1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 7697-37-2
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Nitric Acid
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
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3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

<input type="checkbox"/> 4 (enter code)	
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5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)	A.1 Reporting Ranges			A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater	
		1-10	11-99	100-999				500-999
5.1 Fugitive or non-point air emissions	5.1a	[]	[]	[]	86	5.1b <input type="checkbox"/> E		
5.2 Stack or point air emissions	5.2a	[]	[]	[]	0	5.2b <input type="checkbox"/> 0		
5.3 Discharges to receiving streams or water bodies <small>(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)</small>	5.3.1 <input type="checkbox"/> a	5.3.1a	[]	[]	[]	0	5.3.1b <input type="checkbox"/> 0	5.3.1c 0 *
	5.3.2 <input type="checkbox"/>	5.3.2a	[]	[]	[]	NA	5.3.2b <input type="checkbox"/>	5.3.2c NA *
	5.3.3 <input type="checkbox"/>	5.3.3a	[]	[]	[]		5.3.3b <input type="checkbox"/>	5.3.3c *
5.4 Underground Injection	5.4a	[]	[]	[]	NA	5.4b <input type="checkbox"/>		
5.5 Releases to land	5.5.1a	[]	[]	[]	NA	5.5.1b <input type="checkbox"/>		
	5.5.2a	[]	[]	[]	NA	5.5.2b <input type="checkbox"/>		
	5.5.3a	[]	[]	[]	NA	5.5.3b <input type="checkbox"/>		
	5.5.4a	[]	[]	[]	NA	5.5.4b <input type="checkbox"/>		

(Check if additional information is provided on Part IV-Supplemental Information.)

(Important: Type or print; read instructions before completing form.)

EPA	EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION (continued)	(This space for your optional use) <div style="font-size: 1.2em; font-weight: bold;">HNO₃</div>
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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS						
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)	
	A.1 Reporting Ranges 1-10 11-999 500-999				A.2 Enter Estimate	
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[]	[]	[]	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[]	[]	[]	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>
[] (Check if additional information is provided on Part IV-Supplemental Information.)						

7. WASTE TREATMENT METHODS AND EFFICIENCY						
<input type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category						
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No	
7.1a <input type="checkbox"/> W	7.1b <input type="checkbox"/> C <input type="checkbox"/> 1 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 1	7.1d []	7.1e 100 %	7.1f <input checked="" type="checkbox"/> []	[]
7.2a <input type="checkbox"/> NA	7.2b [] [] []	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []	[]
7.3a <input type="checkbox"/>	7.3b [] [] []	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []	[]
7.4a <input type="checkbox"/>	7.4b [] [] []	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []	[]
7.5a <input type="checkbox"/>	7.5b [] [] []	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []	[]
7.6a <input type="checkbox"/>	7.6b [] [] []	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []	[]
7.7a <input type="checkbox"/>	7.7b [] [] []	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []	[]
7.8a <input type="checkbox"/>	7.8b [] [] []	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []	[]
7.9a <input type="checkbox"/>	7.9b [] [] []	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []	[]
7.10a <input type="checkbox"/>	7.10b [] [] []	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []	[]
[] (Check if additional information is provided on Part IV-Supplemental Information.)						

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION (Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)				
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year)	Prior year (pounds/year) <input type="checkbox"/> • <input type="checkbox"/> -	Or percent change (Check (+) or (-)) %	<input type="checkbox"/> R
			[] []	

(Important: Type or print; read instructions before completing form.)

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>EPA FORM R</p> <p>PART IV. SUPPLEMENTAL INFORMATION</p> <p>Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>(This space for your optional use)</p> <p style="font-size: 24px; margin: 0;">NA</p> </div> </div>
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ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)					
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate	C. % From Stormwater
	A.1 Reporting Ranges		A.2 Enter Estimate	(enter code in box provided)	
	1-10	11-499	500-999		
5.3 Discharges to receiving streams or water bodies <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
<input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)				
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate	C. Type of Treatment/Disposal
	A.1 Reporting Ranges		A.2 Enter Estimate	(enter code in box provided)
	1-10	11-499	500-999	(enter code in box provided)
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)					
A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []

GA

50

(Important: Type or print; read instructions before completing form.)

	U.S. Environmental Protection Agency TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act	Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460. Also send to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0182), Washington, D.C. 20503.
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EPA FORM R	PART I. FACILITY IDENTIFICATION INFORMATION	(This space for your optional use) H_2SO_4
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1.	1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>90</u>
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2. CERTIFICATION (Read and sign after completing all sections.)
 I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management official
Gerald W. Westerbeck, DOE/FSO Site Manager

Signature: *[Signature]* Date signed: 6/28/91

3. FACILITY IDENTIFICATION Facility or Establishment Name: U.S. Dept. of Energy Feed Materials Production Center Street Address: 7400 Willey Road City: Fernald County: Hamilton State: Ohio Zip Code: 45030 TRI Facility Identification Number: 45030 SDPRT 7400W	WHERE TO SEND COMPLETED FORMS: 1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)
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3.2	This report contains information for (Check only one): a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility.					
3.3	Technical Contact: Wally J. Quaider			Telephone Number (include area code): (513) 738-6160		
3.4	Public Contact: Bobby Jo Davis			Telephone Number (include area code): (513) 738-6156		
3.5	SIC Code (4 digit) a. 2819	b. NA	c.	d.	e.	f.
3.6	Latitude Degrees: 39 Minutes: 18 Seconds:			Longitude Degrees: 84 Minutes: 41 Seconds:		
3.7	Dun & Bradstreet Number(s) a. NA			b.		
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. OH 6890008976			b. NA		
3.9	NPDES Permit Number(s) a. OH0009580			b. 11000024*BD		
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Great Miami River			b. Paddy's Run Creek		
	c. NA			d.		
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA			b.		

4.	4. PARENT COMPANY INFORMATION Name of Parent Company: U.S. Dept. of Energy Environmental Restoration & Waste Mgmt.	4.2 Parent Company's Dun & Bradstreet Number: NA
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(Important: Type or print; read instructions before completing form.)

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>EPA FORM R</p> <p>PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES</p> </div> </div>	<p>(This space for your optional use.)</p> <p style="font-size: 24px; text-align: center;">H₂SO₄</p>
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1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name <p style="text-align: center;">NA</p>		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name <p style="text-align: center;">NA</p>		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is location under control of reporting facility or parent company? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____	<p style="font-size: 24px; font-weight: bold;">52</p>
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10

(Important: Type or print; read instructions before completing form.)

	EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION	(This space for your optional use.) <div style="text-align: center; font-size: 1.2em;">H₂SO₄</div>
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1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)	
1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 7664-93-9
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Sulfuric Acid
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)			
3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
<input type="checkbox"/> 4 (enter code)	

		A. Total Release (pounds/year)			B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges				
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		1-10	11-999	500-999		
5.1 Fugitive or non-point air emissions	5.1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	
5.2 Stack or point air emissions	5.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	
5.3 Discharges to receiving streams or water bodies <small>(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)</small>	5.3.1 <input checked="" type="checkbox"/> a	5.3.1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.1c 0 %
	5.3.2 <input type="checkbox"/>	5.3.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.2c NA %
	5.3.3 <input type="checkbox"/>	5.3.3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.3c %
5.4 Underground Injection	5.4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	
5.5 Releases to land	5.5.1 On-site landfill	5.5.1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5.5.2 Land treatment/application farming	5.5.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5.5.3 Surface impoundment	5.5.3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5.5.4 Other disposal	5.5.4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	(Check if additional information is provided on Part IV-Supplemental Information.)
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(Important: Type or print; read instructions before completing form.)

EPA FORM R PART III. CHEMICAL-SPECIFIC INFORMATION (continued)	(This space for your optional use) H ₂ SO ₄
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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS					
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate	C. Type of Treatment/Disposal	
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate	(enter code)	(enter code)	
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.1.1b <input type="checkbox"/>		
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>	
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>	
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>	
<input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information.)					

7. WASTE TREATMENT METHODS AND EFFICIENCY					
<input type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> W	7.1b <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> I	7.1c <input type="checkbox"/> 2	7.1d <input type="checkbox"/> []	7.1e 100 %	7.1f <input checked="" type="checkbox"/> X <input type="checkbox"/> []
7.2a <input type="checkbox"/> NA	7.2b <input type="checkbox"/> [] [] []	7.2c <input type="checkbox"/> []	7.2d <input type="checkbox"/> []	7.2e %	7.2f <input type="checkbox"/> [] []
7.3a <input type="checkbox"/> []	7.3b <input type="checkbox"/> [] [] []	7.3c <input type="checkbox"/> []	7.3d <input type="checkbox"/> []	7.3e %	7.3f <input type="checkbox"/> [] []
7.4a <input type="checkbox"/> []	7.4b <input type="checkbox"/> [] [] []	7.4c <input type="checkbox"/> []	7.4d <input type="checkbox"/> []	7.4e %	7.4f <input type="checkbox"/> [] []
7.5a <input type="checkbox"/> []	7.5b <input type="checkbox"/> [] [] []	7.5c <input type="checkbox"/> []	7.5d <input type="checkbox"/> []	7.5e %	7.5f <input type="checkbox"/> [] []
7.6a <input type="checkbox"/> []	7.6b <input type="checkbox"/> [] [] []	7.6c <input type="checkbox"/> []	7.6d <input type="checkbox"/> []	7.6e %	7.6f <input type="checkbox"/> [] []
7.7a <input type="checkbox"/> []	7.7b <input type="checkbox"/> [] [] []	7.7c <input type="checkbox"/> []	7.7d <input type="checkbox"/> []	7.7e %	7.7f <input type="checkbox"/> [] []
7.8a <input type="checkbox"/> []	7.8b <input type="checkbox"/> [] [] []	7.8c <input type="checkbox"/> []	7.8d <input type="checkbox"/> []	7.8e %	7.8f <input type="checkbox"/> [] []
7.9a <input type="checkbox"/> []	7.9b <input type="checkbox"/> [] [] []	7.9c <input type="checkbox"/> []	7.9d <input type="checkbox"/> []	7.9e %	7.9f <input type="checkbox"/> [] []
7.10a <input type="checkbox"/> []	7.10b <input type="checkbox"/> [] [] []	7.10c <input type="checkbox"/> []	7.10d <input type="checkbox"/> []	7.10e %	7.10f <input type="checkbox"/> [] []
<input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information.)					

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION			
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)			
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year) _____ Prior year (pounds/year) _____ Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> - _____ %	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> 54

(Important: Type or print; read instructions before completing form.)

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>EPA FORM R</p> <p>PART IV. SUPPLEMENTAL INFORMATION</p> <p>Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)</p> </div> </div>	<p>(This space for your optional use)</p> <p style="text-align: center; font-size: 24px; margin-top: 20px;">NA</p>
--	--

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)					
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-99 500-999	A.2 Enter Estimate		(enter code in box provided)	
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []			5.3. ___ b <input type="checkbox"/> 5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []			5.3. ___ b <input type="checkbox"/> 5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a	[] [] []			5.3. ___ b <input type="checkbox"/> 5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)				
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate	C. Type of Treatment/Disposal
	A.1 Reporting Ranges 1-10 11-99 500-999	A.2 Enter Estimate		(enter code in box provided)
6.1. Discharge to POTW (enter location number from Part II, Section 1.) 1 ___ <input type="checkbox"/>	[] [] []			6.1. ___ b <input type="checkbox"/> [] [] []
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[] [] []			6.2. ___ b <input type="checkbox"/> 6.2. ___ c M [] []
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[] [] []			6.2. ___ b <input type="checkbox"/> 6.2. ___ c M [] []
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[] [] []			6.2. ___ b <input type="checkbox"/> 6.2. ___ c M [] []

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)					
A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a <input type="checkbox"/>	7. ___ b [] [] []	7. ___ c <input type="checkbox"/>	7. ___ d []	7. ___ e %	7. ___ f [] []

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APPENDIX A

ANNUAL SURVEY OF MANUFACTURES



DATE: 30 DAYS AFTER RECEIPT
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FORM
MA-1000(L)
(2-17-90)

1990 ANNUAL SURVEY OF MANUFACTURES

OMB No. Approval Expires
Employer Identification Number

NOTICE — Response to this inquiry is required by law (Title 13, U.S. Code). By section 9 of the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

PLEASE **SEND THIS FORM AND RETURN TO:**
Bureau of the Census
1201 East Tenth Street
Jeffersonville, IN 47132

NOTE — Complete only the unshaded portion of each item, enter "0" when appropriate. Figures for dollars, plant-hours, and kWh should be rounded to thousands.

Detailed Instructions and Information on obtaining Census Bureau assistance are provided on page 2.

ITEM 1A Employer Identification Number
Is the Employer Identification (EI) Number printed in the upper right of the address box the SAME as that used for this establishment on its latest 1990 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 YES
 NO — Enter current EI Number (9 digits) 7

31-1152869

In correspondence pertaining to this report refer to this Census file Number (11 digits)

CFN 89699606177 LA EI 31-1152869
6 41 39 85 00 281900 G 1000
125 063334 00100

WESTINGHOUSE MATERIALS CO OF OHIO
P.O. BOX 398704
7438 WILLEY ROAD
CINCINNATI OH 45230-45239-8704

(Please correct any error in name, address, and ZIP Code)

Person within your company to contact regarding this report (If this information is incorrect or blank, please enter the correct information in item 11 on page 4.)

Name Telephone
Area code Number Extension
P. L. Caldwell 513 738 6349

TAB	IND-6	AREA	INFL	CCS

ITEM 1B Physical location — Complete a and b

a. Is this establishment located in the State, county, and place shown at the right?

650 YES — SKIP to part b
 NO — Correct or complete lines (1) through (4)

(1) Number and street
7400 Willey Road

(2) City, village, or other place
Fernald

(3) County
Hamilton & Butler

State OH ZIP Code 45030

(4) If you corrected lines 1, 2, or 3, give year moved to new location 19

b. Is this establishment physically located within the legal boundaries of the city, village, or other place? 095 YES NO

ITEM 2 Number of employees

	Key	1990	1989
Number of production workers during pay period including the 12th of month	a. March 12	301	427
	b. May 12	302	425
	c. August 12	303	404
	d. November 12	304	401
e. Sum of lines a through d	305	1369	1658
f. Average number (divide line e by 4)	306	342	415
g. All other employees (pay period including March 12)	307	700	813
h. TOTAL lines f + g (item 2)	308	1042	1228

ITEM 3A Annual payroll (exclude supplemental labor costs)

	Key	1990	1989
a. Production workers' wages	309	10,875	12,593
b. All other salaries and wages	310	28,913	28,245
c. TOTAL (item 3A)	311	39,788	40,838

ITEM 3B First quarter payroll (exclude supplemental labor costs)
Total payroll for the first quarter (January—March)

Key	1990	1989
315	9,862	11,721

ITEM 3C Employer's cost for fringe benefits (annual supplemental labor costs)

	Key	1990	1989
a. Legally required, including Social Security (exclude from items 3A and 3B)	312	4,039	3,630
b. Payments for voluntary programs (exclude from items 3A and 3B)	313	5,654	10,594
c. TOTAL (item 3C)	314	9,693	14,224

ITEM 4 Total plant hours (annual) worked by production workers

Key	1990	1989
320	445	715

ITEM 5 Inventories of this establishment at end of year (report both years)

Report inventories at cost or market using generally accepted accounting methods.

Are inventories of this establishment subject to the LIFO method of valuation?

230 YES — Use the sum of the LIFO amount plus the LIFO reserve for completing a through e(2).
Note — If you changed to LIFO for calendar year 1990, specify in the REMARKS section

NO — Complete only lines a through e(1).
Note — Line e(1) should equal line d.

Key	END OF 1990		Key	END OF 1989	
	Mil.	Thou.		Mil.	Thou.
a. Finished goods	335		331		
b. Work-in-process	336		332		
c. Materials, supplies, fuels, etc.	337		333		
d. TOTAL INVENTORIES (a + b + c)	338		334		
e. Of the value on line d, report:					
(1) Amount not subject to LIFO costing	368		364		
(2) Amount subject to LIFO costing (gross)	369		365		
f. Report the following applicable to line e(2):					
(1) Amount of the LIFO reserve	370		366		
(2) LIFO value of line e (2) (NET)	371		367		

CENSUS USE ONLY

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 3

APPENDIX B

THRESHOLD DETERMINATIONS

Appendix B1

LOGS

FMPC SARA 313 CHEMICAL INVENTORY-1990

STOCK NUMBER	UNIT OF ISSUE	DESCRIPTION	BALANCE 12/31/89	RECEIVED QTY 1990	BALANCE 12/31/90
C00001A	BAG	POLY FLOC, BETZ 1110, 50# BAG	0	49	14
C00002	BOTTLE	ACID, NITRIC, ANALYTICAL REAGENT GRADE SA 70.0-71%, A.C.S.	18	.044	75
C00003	CASE	ACID, HYDROCHLORIC, ARSENIC FREE, 1.18 OR 1.19 SP GR	3	30	7
C00004	CYLINDER	GAS, CHLORINE, 150# CYLINDER	6	4	3
C00007	CASE	ACID, SULFURIC, ANALYTICAL REAGENT GRADE	3	6	1
C00008	CYLINDER	GAS, ACETYLENE	8	31	1
C00010	CYLINDER	GAS, FREON, TYPE 22, IN 15# CYLINDER	16	41	19
C00011	CASE	AMMONIUM HYDROXIDE, NH4OH APPROX 38% AMMONIA WATER, 26DEGREES	7	0	4
C00024	deleted	OIL, QUENCHING, 55 GAL DRUM, K-9 OIL WITH QCENZINE			
C00025	DRUM	COMPOUND, CLEANING, DUBOIS, DYNA SPREX, 500# DRUM	11	0	11
C00026	LB.	ACID, HYDROFLUORIC, 48% REAGENT ACS #1100, 1# BOTTLE	12	60	16
C00032	CYLINDER	ANHYDROUS AMMONIA, 100# CYLINDER	1	2	1
C00034	CAN	ALCOHOL, METHYL, ABSOLUTE, LOW IN ACETONE	60	0	28
C00036	CASE	ACID, GLACIAL ACETIC, 99.5% SP GR, 1.05 ACS, 5# BOTTLE	12	6	*24
C00039	BOTTLE	ACID, PERCHLORIC, ANALYTICAL REAGENT GRADE 70-72% ACS, 8# BOTTLE	62	0	38
C00044	CAN	ACETATE, ETHYL, NF GRADE, 5 GAL CANS	8	0	8
C00045	DRUM	RID-LIME, 30 GAL DRUM	2	0	*6
C00046	CAN	CEMENT, ELECTRODE, JOINT #W-7130, 2# CAN	29	0	29
C00050	BOTTLE	PHENANTHROLINE MONOHYDRATE, ORTHO, 1 GRAM BOTTLE	24	0	24
C00057A	CYLINDER	ACETYLENE, TANK, TYPE B, PRESTOLITE	1	2	0
C00060	GALLON	ALCOHOL, 190 PROOF DENATURED ETHYL, 1 GAL CONTAINER	9	0	7
C00070	EACH	AMMONIUM OXALATE, ANALYTICAL REAGENT, ACS, CRYSTAL, 1 KG BOTTLE	12	0	12
C00090	BOTTLE	CHLOROFORM, ANALYTICAL REAGENT ACS, SP GR 1.476	16	0	*28
C00093	BOTTLE	CALCIUM SULFATE DRIERITE, INDICATING, 8 MESH, 5# BOTTLE	11	0	10
C00104	PINT	HYDROGEN PEROXIDE, 30%, PINT BOTTLE			
C00180	BOTTLE	POTASSIUM PERYOSULFATE POWDER, 1# BOTTLE	6	0	6
C00200	LB.	POTASSIUM HYDROXIDE, REAGENT ACS #2118, 1#	10	0	*28
C00217	BOTTLE	ACETONE, ANALYTICAL REAGENT ACS, CH3, BOILING POINT 55.5-57.5 DEG.	210	0	154
C00320	BOTTLE	ACID, OXALIC, CRYSTAL, REAGENT ACS GRADE, 5# BOTTLE (PHY. INV. ADJ.)	10	0	10
C00321	DRUM	CLEANER, ALL PURPOSE, SPARTAN DC-13, 55 GAL DRUM	4	4	0
C00431	CYLINDER	GAS, FREON, TYPE 12, 15# CYLINDER	17	10	12
C00436	EACH	HYPREZ-FLUID, F/OS DIAMOND COMPOUND, 4 OZ. BOTTLE	15	0	15
C00442	EACH	AMMONIUM CITRATE, A-663, #1290, 1# BOTTLE	20	0	20
C00462	CASE	ACID, PHOSPHORIC ORTHO 85% ANALYTICAL REAGENT, 4 LITER BOTTLE	25	0	25
C00466	EACH	COMPOUND, DIAMOND POLISHING, 18 GRAM CARTRIDGE	2	0	2
C00467B	PACKAGE	PAPER, PHYDRION, TEST, RANGE B1-11, SIZE 1/4	160	0	157
C00502	LB.	ZIRCONIUM OXIDE, ZRO 2, 325 MESH, PRODUCT NUMBER 51442, 100# BAG	8300	0	0
C00504	LB.	CAUSTIC SODA, TECH GRADE, FLAKE, 400# DRUM	4400	8000	3200
C00505	DRUM	SODIUM SULFITE, CATALYZED, CORREGON INDUSTRIAL, 500# DRUM	0	6	1
C00507	LB.	IRON POWDER, PRODUCT NUMBER A-220, IRON MIN. 99%, BORON MAX. 40	400	0	400
C00508	DRUM	FERROSPERSE, #104030D, APPROX. 460# PER DRUM	4	14	2
C00510	CYLINDER	GAS, NITROGEN, BONE DRY, APPROX 60F DEW POINT, 225 CF CYLINDER	20	78	9
C00511	DRUM	PERMACOL, FILMING AMINE, 400#. PER DRUM	0	3	1
C00514	BAG	SALT, ROCK, WATER TREATMENT GRADE #1, 99% MIN NACl, 80# BAG	420	0	270
C00515	BAG	SALT, ROCK, FOR ROADS, GRADE CC NOT LESS THAN NACl, 80# BAG	65	0	56
C00516	LB.	SILICON POWDER, METAL, 1 PERCENT FE, SIZE 8M X DOWN	1500	0	1500

* Denotes some of the material has been returned to Stores

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Appendix B1

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FMPC SARA 313 CHEMICAL INVENTORY-1990

STOCK NUMBER	UNIT OF ISSUE	DESCRIPTION	BALANCE RECEIVED BALANCE		
			12/31/89	QTY 1990	12/31/90
C00517	LB.	DISODIUM PHOSPHATE, NA2 H P04 SODIUM PHOSPHATE, DIBASIC	100	1500	800
C00521	LB.	ALUMINUM, METAL, GRANULAR INGOTS, 3/8" SIZE	2457	0	2457
C00529	LB.	SODIUM CARBOXYMETHYL CELLULOSE, CMC, POWDER TYPE 7MF	200	0	200
C00533	DRUM	DETERGENT CALCLEAN LIQUID, 55 GAL DRUM	1	0	1
C00534	DRUM	CEMENT, SAUERREISEN, ELECTRIC RESISTOR #78	69	0	69
C00535	DRUM	SURFACTANT, DETER MICROBOND, #4027	4	0	4
C00536	CAN	ACETONE, "TEN CAN", 10 LITERS	264	0	146
C00541	DRUM	COMPOUND, VISOLITE FILTER BAG, TRACER, P/N 03500482, ORANGE	2	0	2
C00542	CAN	COMPOUND, VISOLITE FILTER BAG, TRACER, P/N 03500483, YELLOW	1	0	1
C00544	CYLINDER	GAS, FREON, R22, 125# CYLINDER	5	0	5
C00546	DRUM	NEUTRAMEEN, BETZ, NA-9, 55 GAL DRUM, 440# PER DRUM	1	12	2
C00547	EACH	WATER CONDITIONER, METCO 7ME811	1	0	1
C00548	QUART	DIGESTER, THERMATIC LIQUID ORGANIC	3	0	0
C00549	CYLINDER	GAS, TEST, CYLINDER, HCL, 3Q CYLINDER, 5 - 9.9 PPM HCL	1	1	1
C00551	GALLON	COATING, YTTRIUM OXIDE, ZYP TYPE "Y" COATING, 1 GAL. CAN	13	0	13
C00552	CASE	TRISODIUM PHOSPHATE, 4 - 5# PER BOX	1	1	1
C00555	CYLINDER	FREON 502, 125# CYLINDER	1	0	1
C00556	CYLINDER	FREON 13, 80# CYLINDER	7	0	6
C00558	CYLINDER	GAS, R-502 REFRIGERATION, 15# CYLINDER	6	0	6
CB00201	LB.	ACID, HYDROCHLORIC, 20 DEG, APPROX 9.7# PER GAL	0	77620	0
CB00204	LB.	ACID, ANHYDROUS HYDROFLUORIC (AHF)	0	0	0
CB00204P	LB.	ACID, ANHYDROUS HYDROFLUORIC (AHF) GENERATED BY PILOT PLANT	0	0	0
CB00207	LB.	ACID, NITRIC HNO3, 58-68% STRENGTH 11.3 LBS/GAL	21824	0	8056
CB00221	LB.	ALUMINUM SULFATE, A12 S04 3 18 H2O	6000	20000	2000
CB00222	LB.	AMMONIA, ANHYDROUS NH3	0	0	0
CB00231	DRUM	WATER TREATMENT, COOLING, BETZ 2040	0	5	1
CB00232	DRUM	WATER TREATMENT, COOLING, BETZ 2020	1	3	1
CB00234	LB.	FILTER AID, DICALITE, SPEED PLUS DIATOMACEOUS	0	89100	33650
CB00238	LB.	KEROSENE, DILUENT AMSCO KERO 140 SOLVENT 66/3	0	0	0
CB00270A	LB.	SULFURIC ACID (BIO-TOWER)	29789	30200	42917
CB00270B	LB.	SULFURIC ACID (WATER TREATMENT)	2310	30646	3360
CB00293	LB.	METHANOL 6.6 LBS. PER GAL	120034	46200	97951

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Appendix B2

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FMPC SARA 313 - CHEMICAL USAGE 1990

STOCK NUMBER	CAS NO.	CA NAME	ACCOUNT NUMBER	AMT. USED 1988 LBS.	AMT. USED 1989 LBS.	AMT. USED 1990 LBS.	AMT. USED 1991 LBS.
C00002	7697-37-2	NITRIC ACID 7# BOTTLES	ZBU00-398		441		
			94200-398	420	5537	6867	
			YLA01-399		42		
			ZBV00-398	1036	672		
			YMR00-398	5976			
			YLA03-399			42	
C00003	7647-01-0	HYDROCHLORIC ACID 6 BTL/CASE 6# BOTTLES	YLA01-399	72	72		
			94200-398	108	720	792	
			YMF00-399	72	108		
			YMR00-398	5184			
			ZBV00-398	432			
			YHA00-310	36			
			YLA03-399			36	
			WJA00-399			108	
C00007	7664-93-9	SULFURIC ACID 6 BTL/CASE 9# BOTTLES	YLA01-399	54	108	108	
			ZBU00-398		54		
			ZBV00-398	108	54		
			YMR00-398	324	(162)		
			YLA03-399			54	
			94200-398			270	
C00032	7664-41-7	ANHYDROUS AMMONIA 100# CYL.	93100-399	300	0	200	
C00034	67-56-1	METHANOL 6# CAN	YLA01-399	18	42	12	
			94200-398		162	174	
			ZBM00-399		6		
			QBD00-399		24		
			YMR00-398	540			
			YLA03-399			6	
C00217	67-64-1	ACETONE 2# BOTTLES	94200-398	240	870	100	
			YMR00-398	2974			
			YLA01-399			12	
C00536	67-64-1	ACETONE 20# CAN	94200-398		4400	2360	
			YMR00-398	3640			
CB00201	7647-01-0	HYDROCHLORIC ACID	YMF00-399	16280	14490		
			WJA00-399			77620	

Appendix B2

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FMPC SARA 313 - CHEMICAL USAGE 1990

STOCK NUMBER	CAS NO.	CA NAME	ACCOUNT NUMBER	AMT. USED 1988 LBS.	AMT. USED 1989 LBS.	AMT. USED 1990 LBS.	AMT. USED 1991 LBS.
CB00207		NITRIC ACID	YCA01-210	831637	3152		
			YJA00-210	184241	66782		
			YJB05-210	129905	94977		
			MAD00-210		11345	11978	
			MAC00-210		9869	1790	
CB00222		ANH. AMMONIA	YFA05-210	93546	0	0	
			YDA03-210	82527			
CB00270		SULFURIC ACID	YLA01-399	33305	22827	deleted	
			YLA04-399	265122	86356		
			YCA02-210	1966	3661		
CB00270A		SULFURIC ACID BIO-TOWER	YLA04-399			17072	
CB00270B		SULFURIC ACID WATER TREATMENT	YLA01-399			29596	
CB00293		METHANOL 6.6 LB/GAL	YLA04-399	2595740	720265	68283	
L00031		TRICHLOROETHANE 11.04 LBS/GAL	YLA02-399	330 GAL	55 GAL	55 GAL	
			ZBM00-315	165 GAL	220 GAL	55 GAL	
			YKA12-399		275 GAL		
			SGD00-399		110 GAL		
			YKA00-399	385 GAL			
			YJA00-310	55 GAL			
			YJA02-310	55 GAL			
			YJA11-325	110 GAL			
			YHA01-399	110 GAL			
			YKA02-310	220 GAL			
			YJA04-310	55 GAL			
			YKA00-310	55 GAL			
			YHA01-310	55 GAL			

APPENDIX B3

DEPARTMENTAL CHARGE ACCOUNTS

<u>CHARGE NUMBER</u>	<u>RESPONSIBLE DEPT.</u>	<u>DESCRIPTION</u>
94200	OPERATIONS	ANALYTICAL
MAC00	OPERATIONS	STANDBY ACTIVITIES-CHEMICAL AREAS
MAD00	OPERATIONS	STANDBY ACTIVITIES-METAL AREAS
WJA00	RESTORATION	WASTE TREATMENT-DECONTAMINATION
YLA01	OPERATIONS	UTILITIES-WATER TREATMENT PLANT
YLA03	OPERATIONS	UTILITIES- SEWAGE TREATMENT PLANT
YLA04	OPERATIONS	LANDLORD GENERAL SUMP

OBJECT CLASS DESCRIPTIONS

210	DIRECT PRODUCTION MATERIAL
398	LABORATORY SUPPLIES
399	MISCELLANEOUS SUPPLIES AND EXPENSE

OPTIONAL SECTION 313 REPORTING THRESHOLD WORKSHEET

Facility Name: Feed Materials Production Center
 Chemical or Chemical Category: Hydrochloric Acid
 Reporting Year: 1990

Date Worksheet Prepared: June 7, 1991
 Prepared By: Caran G. Siefert

Step 1. Identify amounts of the chemical manufactured, processed, or otherwise used.

Mixture Name or Other Identifier	Percent by Weight	Information Source	Total Weight (in lbs)	Amount of the Listed Chemical by Activity (in lbs.):		
				Manufactured	Processed	Otherwise Used
1. Hydrochloric Acid			936			936
2. C00003						
3.						
4. Hydrochloric Acid			77,620			77,620
5. CB00201						
6.						
7. Hydrochloric Acid			45	45		
Subtotal:				(A) 45 lbs	(B) _____ lbs	(C) 78,556 lbs

Step 2. Identify exempt forms of the chemical that have been included in Step 1.

Mixture Name as Listed Above	Exemption Applicable	Note Fraction or Percent Exempt (if Applicable)	Exempt Amount of the Chemical from Above (in lbs.):		
			Manufactured	Processed	Otherwise Used
1.					
2. C00003		372.38 (d) Anal. Lab			792
3.					
4. C00003		372.38 (d) Water Lab			36
5.					
6.					
7.					
Subtotal:			(A) 0 lbs	(B) _____ lbs	(C) 828 lbs

Step 3. Calculate the amount subject to threshold:

Compare to thresholds for section 313 reporting:

(A-A) 45 lbs (B-B) _____ lbs (C-C) 77,728 lbs
 25,000 lbs 25,000 lbs 10,000 lbs

If any threshold is met, reporting is required for all activities. Do not submit this worksheet with Form R. Retain for your records.

OPTIONAL SECTION 313 REPORTING THRESHOLD WORKSHEET

Facility Name: Feed Materials Production Center
 Chemical or Chemical Category: Methanol
 Reporting Year: 1990

Date Worksheet Prepared: June 7, 1991
 Prepared By: Caran G. Siefert

Step 1. Identify amounts of the chemical manufactured, processed, or otherwise used.

Mixture Name or Other Identifier	Percent by Weight	Information Source	Total Weight (in lbs)	Amount of the Listed Chemical by Activity (in lbs.):		
				Manufactured	Processed	Otherwise Used
1. Methanol C00034			192			192
2. Methanol CB00293			68,284			68,284
3.						
4.						
5.						
6.						
7.						
Subtotal:				(A) _____ lbs	(B) _____ lbs	(C) <u>68,476</u> lbs

Step 2. Identify exempt forms of the chemical that have been included in Step 1.

Mixture Name as Listed Above	Exemption Applicable	Note Fraction or Percent Exempt (if Applicable)	Exempt Amount of the Chemical from Above (in lbs.):		
			Manufactured	Processed	Otherwise Used
1. Methanol C00034	372.38(d)	Anal. Lab			156
2.					
3.					
4. Methanol C00034	372.38(d)	Water Lab			18
5.					
6.					
7.					
Subtotal:			(A) _____ lbs	(B) _____ lbs	(C) <u>174</u> lbs

Step 3. Calculate the amount subject to threshold:
 Compare to thresholds for section 313 reporting: (A-A₁) _____ lbs (B-B₁) _____ lbs (C-C₁) 68,284 lbs
25,000 lbs 25,000 lbs 10,000 lbs

If any threshold is met, reporting is required for all activities. Do not submit this worksheet with Form R. Retain for your records.

OPTIONAL SECTION 313 REPORTING THRESHOLD WORKSHEET

Facility Name: Feed Materials Production Center Date Worksheet Prepared: June 7, 1991
 Chemical or Chemical Category: Nitric Acid Prepared By: Caran G. Siefert
 Reporting Year: 1990

Step 1. Identify amounts of the chemical manufactured, processed, or otherwise used.

Mixture Name or Other Identifier	Percent by Weight	Information Source	Total Weight (in lbs)	Amount of the Listed Chemical by Activity (in lbs.):		
				Manufactured	Processed	Otherwise Used
1. Nitric Acid C00002			6,909			6909
2.						
3. Nitric Acid CB00207			13,768			13,768
4.						
5.						
6.						
7.						
Subtotal:				(A) _____ lbs	(B) _____ lbs	(C) <u>20,677</u> lbs

Step 2. Identify exempt forms of the chemical that have been included in Step 1.

Mixture Name as Listed Above	Exemption Applicable	Note Fraction or Percent Exempt (if Applicable)	Exempt Amount of the Chemical from Above (in lbs.):		
			Manufactured	Processed	Otherwise Used
1.					
2. Nitric Acid C00002	372.38(d)	Anal. Lab			6867
3.					
4. Nitric Acid C00002	372.38(d)	Water Lab			42
5.					
6.					
7.					
Subtotal:			(A) _____ lbs	(B) _____ lbs	(C) <u>6909</u> lbs

Step 3. Calculate the amount subject to threshold: (A-A₁) _____ lbs (B-B₁) _____ lbs (C-C₁) 13,768 lbs
 Compare to thresholds for section 313 reporting: 25,000 lbs 25,000 lbs 10,000 lbs

If any threshold is met, reporting is required for all activities. Do not submit this worksheet with Form R. Retain for your records.

OPTIONAL SECTION 313 REPORTING THRESHOLD WORKSHEET

Facility Name: Feed Materials Production Center Date Worksheet Prepared: June 7, 1991
 Chemical or Chemical Category: Sulfuric Acid Prepared By: Garan G. Siefert
 Reporting Year: 1990

Step 1. Identify amounts of the chemical manufactured, processed, or otherwise used.

Mixture Name or Other Identifier	Percent by Weight	Information Source	Total Weight (in lbs)	Amount of the Listed Chemical by Activity (in lbs.):		
				Manufactured	Processed	Otherwise Used
1. Sulfuric Acid C00007			432			432
2.						
3. Sulfuric Acid CB00270A			17,072			17,072
4. CB00270B			29,596			29,596
5.						
6.						
7.						
Subtotal:				(A) _____ lbs	(B) _____ lbs	(C) <u>47,100</u> lbs

Step 2. Identify exempt forms of the chemical that have been included in Step 1.

Mixture Name as Listed Above	Exemption Applicable	Note Exempt (if Applicable)	Exempt Fraction or Percent	Exempt Amount of the Chemical from Above (in lbs.):		
				Manufactured	Processed	Otherwise Used
1. Sulfuric Acid C00007	372.38(d)	Anal. Lab				270
2.						
3. Sulfuric Acid C00007	372.38(d)	Water Lab				162
4.						
5.						
6.						
7.						
Subtotal:				(A) _____ lbs	(B) _____ lbs	(C) <u>432</u> lbs

Step 3. Calculate the amount subject to threshold:
 Compare to thresholds for section 313 reporting: (A-A₁) _____ lbs (B-B₁) _____ lbs (C-C₁) 46,668 lbs
 25,000 lbs 25,000 lbs 10,000 lbs

If any threshold is met, reporting is required for all activities. Do not submit this worksheet with Form R. Retain for your records.

APPENDIX B5

3561

FMPC SARA 313 - MONTHLY INVENTORY 1990

STOCK NO.	MONTH '90	ACCT. NO.	LBS. USED
HYDROCHLORIC ACID			
CB00201	APRIL	WJA00-399	25540
	JULY	WJA00-399	25520
	OCTOBER	WJA00-399	26560
NITRIC ACID			
CB00207	JANUARY	MAC00-210	1983
		MAD00-210	5989
	FEBRUARY	MAC00-210	255
		MAD00-210	1695
	MARCH	MAD00-210	2825
	APRIL	MAD00-210	1469
	AUGUST	MAC00-210	(448)
	SULFURIC ACID		
CB00270A	JANUARY	YLA04-399	3029
BIO-TOWER	FEBRUARY	YLA04-399	2525
	MARCH	YLA04-399	4039
	AUGUST	YLA04-399	(1809)
	SEPTEMBER	YLA04-399	3230
	OCTOBER	YLA04-399	2524
	NOVEMBER	YLA04-399	505
	DECEMBER	YLA04-399	3029
	SULFURIC ACID		
CB00270B	JANUARY	YLA01-399	3180
WATER TRMT.	FEBRUARY	YLA01-399	1575
	MARCH	YLA01-399	3271
	APRIL	YLA01-399	3150
	MAY	YLA01-399	3412
	JUNE	YLA01-399	3218
	JULY	YLA01-399	1695
	AUGUST	YLA01-399	3675
	SEPTEMBER	YLA01-399	2220
	OCTOBER	YLA01-399	3360
	NOVEMBER	YLA01-399	630
	DECEMBER	YLA01-399	210
	METHANOL		
CB00293	JANUARY	YLA04-399	10560
	FEBRUARY	YLA04-399	7682
	MARCH	YLA04-399	11524
	SEPTEMBER	YLA04-399	3841
	OCTOBER	YLA04-399	20163
	NOVEMBER	YLA04-399	7788
	DECEMBER	YLA04-399	6725

08

1008

APPENDIX B6

FMPC SARA 313 FUEL INVENTORY-1990

1990	LB-501 COAL TONS		LB-503 PROPANE GALS.		LB-504 DIESEL GALS.		LB-506 UNLEADED GASOLINE GALS.	
	RECEIPTS	USAGE	RECEIPTS	USAGE	RECEIPTS	USAGE	RECEIPTS	USAGE
JANUARY	5266	3776	0	1577	2887	2280	3137	2795
FEBRUARY	5416	2898	0	1240	0	959	2595	2315
MARCH	4075	2750	0	1839	0	1093	1645	2132
APRIL	2645	2295	0	2248	2905	605	2606	2415
MAY	781	1405	9000	1204	0	675	2651	2428
JUNE	1792	891	0	2028	0	1340	1842	2243
JULY	1653	1017	0	2144	734	1409	2475	2132
AUGUST	777	877	0	2406	815	919	2210	2184
SEPTEMBER	2726	931	0	2563	851	846	1945	2000
OCTOBER	0	1527	9198	935	716	1007	1921	2163
NOVEMBER	864	2216	0	1788	1263	1705	2605	2146
DECEMBER	722	2929	0	1396	600	781	2298	2448
TOTALS	26717	23512	18198	21368	10771	13619	27930	27401

APPENDIX C

OFF-SITE SHIPMENTS

APPENDIX C1



WMC0:PM&A(T):91-032

From: G. S. Salisbury/6038
Date: April 23, 1991
Subject: SHIPMENTS TO THE NEVADA TEST SITE - FY1990

To : Karan Siefert

SITE TOTALS REPORT

Site Selection.....	VAB
Date Range.....	FY1990
Origin.....	Feed Materials Production Center (WMC0)
Shipment Type:	OP
Total Number of Shipments:	232
Total Weight (Pounds):	7,338,894

G. S. Salisbury

GSS





From: G. S. Salisbury

WEMCO:SS(LA):92-090

Date: June 3, 1992

Subject: SHIPMENTS TO THE NEVADA TEST SITE - 1990

To : Caran Siefert

**TOTAL SHIPMENTS TO THE NEVADA TEST SITE FROM JANUARY 1990 THROUGH
DECEMBER 1990:**

Total Number of Shipments: 121

Total Weight: 3945257

Total Cost: \$332,734.50

If you need further information, please feel free to call.

Glenna Salisbury

gss



Every Day, Every Way!

ROLLINS

ENVIRONMENTAL SERVICES (LA) INC.

P.O. Box 74137, Baton Rouge, LA 70874-4137, 504/778-1234 General Offices, 504/778-1242 Sales Office

CERTIFICATE OF DISPOSAL

THIS CERTIFIES THAT ROLLINS ENVIRONMENTAL SERVICES (LA) INC. (RES) HAS PROPERLY DISPOSED OF WASTE COVERED UNDER BR 35417 ACCEPTED BY RES ON 4/22/90 BILL OF LADING NUMBER 889206 MANIFEST NUMBER LA 1184020-023 TRAILER NUMBER 2502 IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS.

All waste was incinerated except drum no. 15 which was S/E.

THIS CERTIFIES THAT THE ABOVE DESCRIBED WASTE WAS DISPOSED OF BY:

INCINERATION DIRECT LANDFILL
 STABILIZATION/ENCAPSULATION OTHER

ON 4/22/90 (DATE)

ROLLINS ENVIRONMENTAL SERVICES (LA) INC.
BATON ROUGE, LOUISIANA

FMPC, U.S.D.O.E.
7400 Willey Road
Fernald, Ohio 45030

NAME *Bill Keslick*
Bill Keslick

TITLE: CHEMPAK Q C SUPERVISOR

DATE 4/24/90

Attn: C. E. Block

APPENDIX C3



CERTIFICATION

P.O. BOX 8513 333 EXECUTIVE COURT LITTLE ROCK, AR 72205 (501) 223-4160 **No.** 74638

PARTIAL
CERTIFICATION OF COMPLIANCE AND DISPOSAL

Invoice No. 51814

WESTINGHOUSE MATERIALS
ATTENTION: JIM STOFFER
P.O. BOX 398704
CINCINNATI OH 45239

ENSCO CERTIFIES THAT THE ITEMS ASSOCIATED WITH THE SHIPMENT IDENTIFIED BY MANIFEST ARO00440157 RECEIVED FROM DEPARTMENT OF ENERGY F.M.P.C. AND DESCRIBED BELOW HAVE BEEN PROCESSED IN ACCORDANCE WITH RULES AND REGULATIONS AS CODIFIED IN 40 CFR 761.

SEQ#	ENSCO ITEM#	CUST ITEM#	DESCRIPTION	DATE OF DISPOSAL	DISPOSAL PROCESSES/PROCESSES
1.	00620859	2094	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620860	2782	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620861	2089	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620862	2093	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620863	4656	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620864	2780	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620866	4648	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620867	4649	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620868	2090	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620869	4645	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620872	3007	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620873	2781	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620874	2092	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620875	2088	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620876	4652	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620877	4858	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620878	4654	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620880	2095	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINE RATION
1.	00620882	2087	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION
1.	00620885	2091	RD, WASTE HAZ. SUB., LIQUID	12/27/90	INCINE RATION

BY _____
 NAME _____
 TITLE _____
 DATE _____

Page No: 1

ENSCO INCORPORATED



CERTIFICATION

P.O. BOX 8513 333 EXECUTIVE COURT LITTLE ROCK, AR 72205 (501) 223-4160

No. 74638

PARTIAL
CERTIFICATION OF COMPLIANCE AND DISPOSAL
CONTINUED

Invoice No. 51814

WESTINGHOUSE MATERIALS
ATTENTION: JIM STOFFER
P.O. BOX 398704
CINCINNATI OH 45239

SEQ #	ITEM #	ENS CO	CUST	DESCRIPTION	DATE OF DISPOSAL	DISPOSAL PROCESSES/PROCESSES
1.	00620887	3008	3008	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINERATION
1.	00620888	4650	4650	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINERATION
1.	00620889	4653	4653	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINERATION
1.	00620890	3005	3005	RD, WASTE HAZ. SUB., LIQUID	12/26/90	INCINERATION

INCINERATION OCCURRED AT ENSCO, INC., AMERICAN OIL ROAD, EL DORADO, AR 71730 EPA ID NUMBER ARD069748192

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR THE MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1001 AND 15 U.S.C. 2615), I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE, AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILITY FOR THE PERSON WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

BY Cindy Barnes
 NAME CINDY BARNES
 TITLE WASTE TRACKING MANAGER
 DATE 12/28/90

Page No: 77

ENSCO INCORPORATED



CERTIFICATION

P.O. BOX 8513 333 EXECUTIVE COURT LITTLE ROCK, AR 72205 (501) 223-4160

No. 78768

PARTIAL
CERTIFICATION OF COMPLIANCE AND DISPOSAL

Invoice No. 51814

WESTINGHOUSE MATERIALS
ATTENTION: JIM STOFFER
P.O. BOX 398704
CINCINNATI OH 45239

ENSCO CERTIFIES THAT THE ITEMS ASSOCIATED WITH THE SHIPMENT IDENTIFIED BY MANIFEST ARO00440157 RECEIVED FROM DEPARTMENT OF ENERGY F.M.P.C. AND DESCRIBED BELOW HAVE BEEN PROCESSED IN ACCORDANCE WITH RULES AND REGULATIONS AS CODIFIED IN 40 CFR 761.

SECS	ITEMS	ITEMS	DESCRIPTION	DATE OF DISPOSAL	PROCESS
1.	00620865	4862	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620870	4646	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620871	4863	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620879	1860	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620881	1859	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620883	1766	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620884	4655	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION
1.	00620886	1767	RD, WASTE HAZ. SUB., LIQUID	3/14/91	INCINERATION

INCINERATION OCCURRED AT ENSCO, INC., AMERICAN OIL ROAD, EL DORADO, AR 71730 EPA ID NUMBER ARD069748192

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR THE MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1001 AND 15 U.S.C. 2615), I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE, AND COMPLETE. AS TO THE IDENTIFIED SECTION (9) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILITY FOR THE PERSON WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE

BY _____
NAME _____
TITLE _____
DATE _____

APPENDIX C3

3561



CERTIFICATION

P.O. BOX 8513 333 EXECUTIVE COURT LITTLE ROCK, AR 72205 (501) 223-4160

No. 81164

FINAL FOR PCBs
CERTIFICATION OF COMPLIANCE AND DISPOSAL

Invoice No. 51814

WESTINGHOUSE MATERIALS
ATTENTION: JIM STOFFER
P.O. BOX 378704
CINCINNATI OH 45239

ENSCO CERTIFIES THAT THE ITEMS ASSOCIATED WITH THE SHIPMENT IDENTIFIED BY MANIFEST AR000440157 RECEIVED FROM DEPARTMENT OF ENERGY F.M.P.C. AND DESCRIBED BELOW HAVE BEEN PROCESSED IN ACCORDANCE WITH RULES AND REGULATIONS AS CODIFIED IN 40 CFR 761.

SEQ	ITEM#	ENSCO	CUST	DESCRIPTION	DATE OF DISPOSAL	PROCESS
1.	00620891	4659		RD, WASTE HAZ. SUB., LIQUID	3/20/91	INCINERATION
1.	00620892	4657		RD, WASTE HAZ. SUB., LIQUID	3/20/91	INCINERATION
1.	00620893	4658		RD, WASTE HAZ. SUB., LIQUID	3/20/91	INCINERATION

INCINERATION OCCURRED AT ENSCO, INC., AMERICAN OIL ROAD, EL DORADO, AR 71730 EPA ID NUMBER ARD069748192

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR THE MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1001 AND 15 U.S.C. 2615), I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE, AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILITY FOR THE PERSON WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

BY Cindy Earnes
 NAME CINDY EARNES
 TITLE WASTE TRACKING MANAGER
 DATE 03/21/91

Page No: 1

ENSCO INCORPORATED

Sales of Excess Materials

January

SD-405 Emergency fire equipment
Sold to Miller York Fire Department.

March

SD-404 Scrap iron, scrap brass, tractors, and bush hogs
Sold to Garden Street Iron & Metal, Inc., Lowell Raffigone, Myron Bowling,
and Jim Alwell.

May

SD-406 Excess equipment (tool cabinets, lathe parts, air conditioners,
padlocks and miscellaneous electrical and plumbing supplies)
Sold to various vendors.

December

SD-396 Extended paper recycling contract for one year
Shepaco Paper Company